

Request for Emergency and Health Information

School Name: _____

PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

Student ID# _____ Last Name _____ First Name _____ Middle Name _____ Homeroom # _____

Birth Date (mm/dd/yyyy) _____ Student Home Address _____ Student Home Phone # _____

| | |
|---|---|
| <p align="center">Confidential Information Box 1</p> <p>Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box:</p> <p><input type="checkbox"/> awaiting foster care placement <input type="checkbox"/> in a car/park/other public place</p> <p><input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing</p> <p>School Note: If any box is checked, see the CPS Policy 702.5.</p> | <p align="center">Confidential Information Box 2</p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIM.</p> |
|---|---|

Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

| | Parent/Guardian Contact | Parent/Guardian Contact |
|---|--|--|
| Contact Name | | |
| Relationship to Student | | |
| <i>Check all that apply:</i> | <input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup | <input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup |
| Home Address, if different from student's | | |
| Home Phone Number, if different from student's | | |
| Cell Phone Number | | |
| Email Address | | |
| Name and Address of Employer | | |
| Work Phone Number | | |
| * Communication Language | | |
| * CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability). | | |

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:

Name _____ Home Address _____ Telephone # _____ Relationship _____

Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

Student Health Insurance: (select only one of the three)

- Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card)
- No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? Yes No
- Private/Employer Health Insurance: no additional information needed

Children of Military Personnel (optional)

- As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? Yes No
- If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? Yes No

I certify that the information on this form is correct:

_____(Parent/Guardian Signature)_____ (Date)

EXTRA EMERGENCY CONTACT INFORMATION

| | | | | |
|---|---------------|-----------------------|----------------------|-----------------------|
| 1 | _____ NAME | _____ HOME ADDRESS | _____ TELEPHONE # | _____ RELATIONSHIP |
| 2 | _____ NAME | _____ HOME ADDRESS | _____ TELEPHONE # | _____ RELATIONSHIP |
| 3 | _____ NAME | _____ HOME ADDRESS | _____ TELEPHONE # | _____ RELATIONSHIP |
| 4 | _____ NAME | _____ HOME ADDRESS | _____ TELEPHONE # | _____ RELATIONSHIP |