

SCHOOL EMERGENCY INFORMATION
AITKIN PUBLIC SCHOOLS

To Parent or Guardian:

The welfare of your child is the **FIRST** consideration of school authorities. In case of an emergency the school will contact you at once. It is your responsibility to make arrangements for proper care in case your child should meet with an accident or become too ill to remain in school at a time when you are away from home.

THIS INCLUDES:

1. Designating a neighbor or relative to care for your child in their home until you can be reached.
2. Arranging for a person to care for your child when parents or guardians work or are routinely away from home when it is necessary for the school to send the child home because of illness.
3. Provide transportation home or to the doctor's office if necessary.
4. Please complete the SCHOOL EMERGENCY INFORMATION below and return to the school promptly. If you have a change of address during the school year, notify the school. This information will help the school authorities speed emergency care to your child according to your wishes.

Pupil's Name _____ Birthdate _____ Grade _____

Parent's Name _____ Phone _____ Dad's Work _____

Address _____ Mom's Work _____

City _____ State _____ Zip _____

Please explain unique living arrangements _____

Home E-mail Address: (if available) _____

If parent/guardian cannot be reached in case of illness, please call:

Name	Friend or Relative	Phone
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Name	Friend or Relative	Phone
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Check if these are new emergency contacts and you would like current contacts removed.

In case of serious accident or illness, and parent/guardian cannot be reached, I authorize the school to obtain necessary treatment.

I have read the rules and regulations on this paper. _____
Signature of Parent or Guardian Date