

Tewksbury Public Schools

Accident Illness Form



To the Parents/Guardians of School Pupils:

In the case of accident, illness, or other emergency, school principals must be able to locate the parent or some other person who will care for the child. We must have on file the names and phone numbers of two other persons who may be called to pick-up the child if the parents cannot be reached. Please provide the information requested below and then return this form to the school promptly. Thank you for your cooperation.

Pupil's Name _____ D.O.B. _____ Grade _____

Mother/Guardian _____ Lives with Parent listed: Y ___ N ___

Home Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ Email _____

Father/Guardian _____ Lives with Parent listed: Y ___ N ___

Home Address _____ Home Phone _____

Place of Employment _____ Business Phone _____

Cell Phone _____ Email _____

Is there a court order in place that prohibits the release of your child to another adult? Y ___ N ___

If yes please attach a copy of it to this form.

Name of two persons who may be called to take care of the child in the absence of the parents:

Name _____ Relationship _____

Address _____ Phone 1 _____ Phone 2 _____

Name _____ Relationship _____

Address _____ Phone 1 _____ Phone 2 _____

Name of Health Insurance Provider _____

Name of Doctor _____ Address _____

Phone _____

May we have permission to contact the child's primary care provider? Y ___ N ___

Please list your child's current health issues _____

Does your child have life threatening allergies? Y ___ N ___ If yes, to what? _____

Medication allergies _____

Some medical information, especially diabetes, food allergies, asthma and others may need to be shared with supervising adults (such as bus drivers, lunchroom staff, teachers and specialists) who will be responsible for your child's safety.

Are there any restrictions to our sharing this information? Y ___ N ___

Please notify the school of any changes in the above information

Signature _____

Date _____