Tewksbury Public Schools Accident-Illness Form

To the Parents/Guardians of School Pupils:

In the case of an 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	
1) Parent/Guardian		Live	s with Parent Listed: Y N	
		Home Phone		
		Business Phone		
2) Parent/Guardian		Lives	with Parent Listed: YN	
Home Address		Home Phone		
Place of Employment		Business Phone		
Cell Phone	Email			
Is there a court order in place tha	t prohibits the release If yes, please attach a	-		
Name of two persons who may be	e called to take care of	the child in the	absence of the parents:	
1) Name		Relationship		
Address	Phone 1		Phone 2	
2) Name		Relationship		
Address	Phone 1		Phone 2	
Name of Health Insurance Provid	er			
Name of Doctor	Addre	ess		
Phone				
May we have permission to conta	act the child's primary o	care provider? Y	′N	
Please list your child's current he	alth issues			
Does your child have life threater			nat?	
Does your child have an Epi Pen	? YN			
Medication allergies				
Some medical information, especiall	y diabetes, food allergies		ers may need to be shared with supervising be responsible for your child's safety.	
Are there any restrictions to our s	haring this information	? YN		
Guard and Reserve on activ	e duty orders b) Member ie on active duty. Massa	s or veterans who chusetts Departi	ers of the uniformed services, National or are medically discharged or retired within ment of Elementary & Secondary	
.Signature			Date	

*** Please notify the school of any changes in the above information ***