



West Allis-West Milwaukee School District

Student Emergency Contact Form

2017-2018 School Year

Student Last Name _____ First Name _____ MI _____ Male ___ Female ___

Student Address _____ City _____ Zip _____

Home Phone _____ Current Grade _____ Birth Date _____

Parent/Guardian Additional Emergency Contact Information

Please complete the following information and relationship to the student (such as Birth Parent /Step-Parent/Legal Guardian, etc.).

#1. Parent or Legal Guardian information for my child at the Student Address above:

Name _____ Relationship to Student _____ Home Phone _____

Work Phone _____ Cell Phone _____ E-Mail Address _____

Name _____ Relationship to Student _____ Home Phone _____

Work Phone _____ Cell Phone _____ E-Mail Address _____

LIST NAMES OF OTHER SIBLINGS LIVING AT THE ABOVE ADDRESS

SIBLING NAME	DATE OF BIRTH	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____

#2. Additional Parent or Legal Guardian information for my child:

Name _____ Relationship to Student _____ Home Phone _____

Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ E-Mail Address _____

Name _____ Relationship to Student _____ Home Phone _____

Address _____ City _____ Zip _____

Work Phone _____ Cell Phone _____ E-Mail Address _____

CHECK HERE IF **LEGAL RESTRICTIONS** ARE IN EFFECT. LIST PERSONS NOT ALLOWED TO SEE STUDENT IN SCHOOL OR PERSONS NOT ALLOWED TO PICK UP STUDENT. ** **PROVIDE ANY PERTINENT LEGAL DOCUMENT STATING THESE RESTRICTIONS.** **

Last Name _____ First Name _____ Last Name _____ First Name _____

#3. The following emergency contacts may be contacted in the event that the parent/guardians above cannot be reached:

1. Name _____ Relationship To Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship To Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

#4. In the event of an emergency school closing where phones lines are not available my child is aware to do the following:

Walk Directly Home Take The Bus Directly Home As Usual Walk to the following home:

Name _____ Relationship _____ Phone _____

Address _____

(over)



West Allis-West Milwaukee School District Annual Student Health Condition Form

Name _____ Grade _____ School Year _____ School _____

Please check here if your child has no existing health conditions

Do you carry Health Insurance for your child? Yes No (if no please check the following statement)

Badger Care Plus is the State of Wisconsin Health Insurance Program. It can provide affordable high quality health care coverage to all children. Would you like information on how to get Badger Care Plus for your child? Yes No
(By checking yes, your name will be forwarded to the West Allis Health Department to provide further assistance with the simple application process.)

My child wears glasses/contact lenses Yes No

My child wears a hearing aid Yes No

IMPORTANT: The following information will help us provide appropriate care for your child. Please check and comment on any serious health condition(s) your child may have:

- Asthma/breathing problem
--Please complete an asthma care plan
- Heart Condition _____
- Seizures Last seizure was: _____
- Diabetes _____
- ADHD Hyperactive: _____ Inattentive: _____
- Bowel/Bladder Concerns _____
- Mental Health Concerns _____
- Other Health Concerns _____
- Surgery in the last 12 months _____
- Takes prescription medication Please list below:

If you would like further assistance regarding your child's health care needs, please contact the District Nursing Office at 414-604-4000 x1107

Allergies (Circle: food, plant, medication, animal, latex, bees, other)

List: _____

Does your child have an EPI Pen? Yes* No

If you checked YES, a medication authorization form must be completed by your child's doctor and an EpiPen must be sent to school. Contact the school office for the appropriate forms.

In case of illness at school, the school principal or designee will contact the West Allis Fire Department Emergency Medical Services at 911 if emergency medical care is needed. The West Allis Fire Department or assigned ambulance service will convey your child to a hospital providing emergency care. It is a parental responsibility to assume all conveyance and medical expenses incurred on behalf of your child.

Preferred Hospital _____

Physician's Name _____ Phone (_____) _____

I hereby give my consent for my child's name and health condition to be shared confidentially with professional and lay staff as determined by the principal. This consent shall remain in force until revoked by me by **written notice to the principal.**

Signed _____ Date _____

(Parent/Guardian)