PORTSMOUTH PUBLIC SCHOOLS
Student Emergency Form

Stock Number 03403000
Revised 02/08

Date _____
School _____
Grade _____ Homeroom _____
Birthdate _____
Home/Cell Phone _____

Student's Name _____
last first initial

Address _____
City _____ Zip _____

TO PARENTS OR GUARDIAN: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls:

	Name	**Business Address**	**Business Telephone/Cell Phone**
Mother/Guardian			
Father/Guardian			

LIST TWO NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED.

Name _____ Relationship _____
Address _____
Home Tel. _____ Cell Tel. _____ Work Tel. _____

Name _____ Relationship _____
Address _____
Home Tel. _____ Cell Tel. _____ Work Tel. _____

HEALTH INFORMATION: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic conditions, etc.

Explanation: _____

Doctor: 1st choice: _____ 2nd choice: _____
Telephone Number _____ Telephone Number _____
Hospital Choice: _____ Telephone Number _____

Does your child have health insurance? Yes ☐ No ☐ Would you like more information on children's health insurance? Yes ☐ No ☐

Does Portsmouth Schools have permission to share your name, address, and phone number with an outreach worker for FAMIS/FAMIS Plus so that they can contact you? Yes ☐ No ☐

I, the undersigned, do hereby authorize officials of Portsmouth School District to contact directly the persons named on this form, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.
In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.
I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

_____ _____
Student's Name - last first initial Signature of Parent or Guardian

FOR MILITARY ONLY
DEERS Identification Number _____ Name of Military Sponsor _____
Social Security Number of Sponsor _____