

# Request for Emergency and Health Information

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS/GUARDIANS:** The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

Student ID#	Last Name	First Name	Middle Name	Homeroom #
Birth Date (mm/dd/yyyy)	Student Home Address			Student Home Phone #

**Confidential Information Box 1**

Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box if you are living:

in an abandoned apartment/building   
  in a car/park/other public place   
  in a hotel/motel   
  in a residence of other individuals or family  
 in a shelter   
  in a temporary foster care placement

**Note to School: If any box is checked, see the CPS Education of Homeless Children and Youth Policy (702.5).**

**Parent/Guardian and Emergency Contact Information:** Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, if different from student's		
Home Phone Number, if different from student's		
<b>* Cell Phone Number</b>		
<b>* Email Address</b> <i>*reply N/A if not available</i>		
Name and Address of Employer		
Work Phone Number		

**List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:**

Name	Home Address	Telephone #	Relationship
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**Confidential Information Box 2**

Is there a current Order of Protection or No Contact Order which concerns this student?     Yes     No

**Note to School: If "Yes" is checked, please follow the procedures of CPS Policy 704.4. Enter the information into the Legal Alert field and update contact information, as needed, in SIM.**

**Family Doctor's Name, Address, and Phone Number:** I authorize you to call my family doctor, if necessary, in an emergency.

**Student Health Insurance:** (select only one of the three)

- Illinois Medical Card/All Kids:** provide student's medical ID # \_\_\_\_\_ (9-digit number located on back of card)
- No Insurance:** are you interested in applying for the Illinois Medical Card/All Kids?     Yes     No
- Private/Employer Health Insurance:** no additional information needed

I certify that the information on this form is correct.

\_\_\_\_\_  
(Parent/Guardian Signature)