



Annual Student Emergency Information Form for School Year 2009-2010

(This form must be updated by parent/guardian(s) each school year)

Please indicate if any information below has changed since last year Yes No



Backfield in Motion (BIM) Site: School: Grade:

DIRECTIONS: Parent/Guardian please complete all areas (print) and check appropriate boxes, sign and date.

List Student's Legal Name Below: Last First Middle

Sex Male Female Student's Social Security or other ID#

Date of Birth: Month Day Year

Student's Residence Address: New Address? Yes No

Street City State Zip

Is primary home language English? Yes No If no, what language?

Contact, Emergency and Authorized Pickup Information					
Parent/Guardian Name (Please include address if different from student)	Home Phone	Work Phone	Cell Phone/Pager	Authorized Pickup	Legal Custody
Mother/Guardian Name Address (if different)	Email Address:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father/Guardian Name Address (if different)	Email Address:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Name/Relationship Address (if different)	Email Address:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If parent/guardian cannot be reached, please notify the person(s) below in case of emergency. (Please check the boxes if the person is also authorized to pick the student up from school.)					
Emergency Contact/Name/Relationship	Email Address:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact/Name/Relationship	Email Address:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact/Name/Relationship	Email Address:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact/Name/Relationship	Email Address:				
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Custody Information: Court ordered custody/restraint documentation provided <input type="checkbox"/> No - If no, please provide documents to BIM.					
<input type="checkbox"/> YES - If yes, please explain any special instructions that BIM personnel should know concerning custody					

Student Health and Mental Information		
Family Physician Name:		Phone Number:
Family Dentist Name:		Phone Number:
Does your child have any health conditions that staff members should be aware of? If yes, briefly describe the condition and any assistance needed.	Description:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any activity restrictions. If yes, please explain.	Explanation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies? If yes, what allergy?	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the allergy require life saving medications?	Life-Saving Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe symptoms and treatment(s):		
List medications your child is currently taking:		
Vision and/or Hearing Problems:		
Wears glasses/contacts:	<input type="checkbox"/> For board work	<input type="checkbox"/> For reading <input type="checkbox"/> All the time
Date of last eye exam:		
Wears hearing aids	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian Consent: By my signature below, I accept responsibility to notify BIM of any changes of my home or business addresses and phone numbers in case of an emergency. I understand that EMS (911) will be called when there is an emergency requiring evaluation and/or transport of my child for medical treatment and I will assume responsibility for payment of EMS services. In case of an accident or illness for which immediate emergency treatment is not needed, but my child is unable to remain at the site at which the BIM program is taking place, I request that BIM contact the parent(s), guardian(s) named above. If unable to reach a parent or guardian, I request that one of the emergency contact person(s) listed on this form be contacted to pick up and/or care for my child until I can be reached. I also authorize BIM to provide health services, state mandated health screenings and, when necessary, emergency care for my child and to exchange medical information as necessary to support the continuity of care for my child. Furthermore, if my child is covered by Medicaid and receives health services under and IEP or state-mandated screening services by BIM or its contracted personnel, I consent for BIM to bill Medicaid for those services provided.

Name of Parent/Guardian: Signature:

Relationship: Date: