

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		
Check all that apply:	<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		
* Cell Phone Number		
* Email Address <small>*reply N/A if not available</small>		
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)