EAST HARTFORD PUBLIC SCHOOLS
EMERGENCY FORM – GRADE 9-12 SUMMER SCHOOL

TO BE SUBMITTED WITH APPLICATION FOR ENROLLMENT (Please Print)

Current School_____ **The Grade you will be in NEXT school year: _____**

_____ _____ **M/F** _____
Student Last Name First Name (circle) Date of Birth

_____ _____
Street Address City Zip Code Residing with (state relationship)

_____ _____
Summer Address (if different from above) Residing with (state relationship)

_____ _____ _____ _____ _____
Mom/Guardian day phone/cell Dad/Guardian day phone/cell Who should be called first?

_____ _____ _____ _____
Mom's place of employment Phone Dad's place of employment Phone

_____
E-mail address

STUDENT HEALTH INFORMATION
(Please DO NOT assume we already have this information in our records)

Identify/describe any health problems, chronic illnesses or serious allergies:_____

_____

Medications your student takes at home or at school: _____

_____

Family Physician _____ Hospital Preference_____

At no time may students have any medication (including over-the-counter medication) in their possession while on school grounds. If emergency medication at school is required, ask your student's doctor to complete a school- provided medication authorization and bring pharmacy labeled Medication to the Summer School nurse on the first day.

ACADEMIC INFORMATION (If applicable)
Describe any special conditions you wish to make the school aware of regarding your student. Please DO NOT assume we already know this information.

_____ **(IEP) Individualized Education Plan** _____ **Section 504 Plan**

EMERGENCY CONTACTS
Please designate two local adults who will accept responsibility for your student if you cannot be reached and your student is ill or has an emergency at school. **(Both contacts must be filled out in order to process registration).**

_____ _____ _____
Name Address Day Phone

_____ _____ _____
Name Address Day Phone

➔ _____ ➔ _____
Parent Name (please PRINT) **Parent Signature**