

Riverdale School District Emergency Form

Student Name: _____ Student Number: _____ Grade: _____ Gender: M F

Please fill in the information on the emergency form. It **MUST** be signed. Please return to school office.

Student Birth date:	Mailing Address (where mail gets sent)
Student Lives With:	
Relationship to Student:	
Family E-mail:	
	Physical Address (street where you live)

County of Residence: Grant _____ Iowa _____ Richland _____ Other (Name) _____

Do you live in: Village _____ Township _____ (Township Name) _____

List below the addresses and telephone numbers of the custodial parent(s)/guardians and two people who can be called if no custodial parent/guardian can be reached. Please number these in the order you would like them to be contacted.

Custodial Mother:	Address:	Phone: Work Phone: Cell Phone:
Request Mailings: Yes No	Work Hours:	Place of Work:
Custodial Father:	Address:	Phone: Work Phone: Cell Phone:
Request Mailings: Yes No	Work Hours:	Place of Work:
Contact 3:	Address:	Phone: Work Phone: Cell Phone:
Relationship to Student:	Work Hours:	Place of Work:
Contact 4:	Address:	Phone: Work Phone: Cell Phone:
Relationship to Student:	Work Hours:	Place of Work:
Emergency Contact 1	Relationship to Student:	Phone: Work Phone: Cell Phone:
Emergency Contact 2	Relationship to Student:	Phone: Work Phone: Cell Phone:

Turn Page Over →

Race/Ethnicity – *Mandated by the Federal Government:*

Is child Hispanic or Latino? Yes _____ No _____

Please select **one** or **more** of the following categories that apply to your child:

White _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____

American Indian or Alaska Native _____ Asian _____

Number of Brothers _____ Names & birthdates: _____

Number of Sisters _____ Names & birthdates: _____

Medical problems requiring special attention: _____

Special instructions in case of emergency: _____

Medications taken regularly: _____

Allergies: _____

Immunizations received in the last year: _____

In an emergency, I authorize the nurse, principal or designated school personnel to call for an ambulance.

YES _____ NO _____

******I hereby give my consent to the Riverdale School District to administer**

Tylenol and/or Ibuprofen

to my child. Dosages will be followed per container (wt/age). I further agree to hold the RSD, it's officers, employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication.****

This information will be used for professional purposes, shared with “need to know” staff members and will be kept confidential.

Parent/Guardian Signature: _____

Date: _____