



Riverdale School District Emergency Form

Student Name: _____ Student Number: _____

Grade: _____ Gender: _____

Please fill in the information on this emergency form. It MUST be signed.

Student Birthdate:	Mailing Address (where mail gets sent)
Student Lives With:	
Relationship to Student:	
Family e-mail:	
County of Residence:	Physical Address (street which you live on)
Township of Residence:	

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:	Primary Phone Work Phone: Cell Phone:
Request Mailings:	Work Hours:	Place of Work:
Custodial Father:	Address:	Primary Phone: Work Phone: Cell Phone:
Request Mailings:	Work Hours:	Place of Work:
Stepfather:	Address:	Primary Phone: Work Phone: Cell Phone:
Request Mailings:	Work Hours:	Place of Work:
Stepmother:	Address:	Primary Phone: Work Phone: Cell Phone:
Request Mailings:	Work Hours:	Place of Work:
Emergency Contact 1	Relationship to Student	Primary Phone: Work Phone: Cell Phone:
Emergency Contact 2	Relationship to Student	Primary Phone: Work Phone: Cell Phone:

Turn Page Over

Medical problems requiring special attention: _____

Special instructions in case of emergency: _____

Medication taken regularly: _____

Allergies: _____

Immunizations received 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: _____