



## 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 including any stepparents. Please add two non-parent emergency contacts who can be called if no custodial parent/guardian can be reached.

<b>Custodial Mother:</b>	<b>Address:</b>	<b>Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>
<b>Request Mailings: Yes No</b>	<b>Work Hours:</b>	<b>Place of Work:</b>
<b>Custodial Father:</b>	<b>Address:</b>	<b>Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>
<b>Request Mailings: Yes No</b>	<b>Work Hours:</b>	<b>Place of Work:</b>
<b>Stepmother:</b>	<b>Address:</b>	<b>Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>
<b>Relationship to Student:</b>	<b>Work Hours:</b>	<b>Place of Work:</b>
<b>Stepfather:</b>	<b>Address:</b>	<b>Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>
<b>Relationship to Student:</b>	<b>Work Hours:</b>	<b>Place of Work:</b>
<b>Emergency Contact 1</b>	<b>Relationship to Student:</b>	<b>Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>
<b>Emergency Contact 2</b>	<b>Relationship to Student:</b>	<b>Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>

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: \_\_\_\_\_

**Parent in Military - Mandated by the Federal Government:**

Is either parent or guardian on active duty in the military? YES \_\_\_\_\_ NO \_\_\_\_\_

Is either parent or guardian a traditional member of the Guard or Reserve? YES \_\_\_\_\_ NO \_\_\_\_\_

Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the student listed on this form meet one or more of the qualifications listed above? YES \_\_\_\_\_ NO \_\_\_\_\_

**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:** \_\_\_\_\_