



Request for Emergency and Health Information



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.

SCHOOL NAME		STUDENT ID#	
STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	
STUDENT HOME ADDRESS (include unit number if applicable)		City	State Zip
BIRTH DATE (mm/dd/yyyy)	HOMEROOM #	HOME/PRIMARY 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:		CONFIDENTIAL INFORMATION BOX 2 Is there a current Order of Protection or Civil No Contact Order which concerns this student? YES NO Is there a current Temporary Restraining Order or Injunction which concerns this student? YES NO	
in a car/park/other public place/abandoned building/substandard housing doubled-up in a hotel/motel/trailer park/camping ground in a shelter in transitional housing		School Note: If any box is checked, see the CPS Policy 702.5.	
		School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIS.	

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION: Add extra contacts on additional page, if needed.

	PRIMARY PARENT/GUARDIAN CONTACT			PARENT/GUARDIAN CONTACT			PARENT/GUARDIAN CONTACT		
	DCFS Contact			DCFS Contact			DCFS Contact		
Contact First Name, Last Name									
Relationship to Student									
Check all that apply:	Lives With Emergency	Gets Mailings Permission to Pick up		Lives With Emergency	Gets Mailings Permission to Pick up		Lives With Emergency	Gets Mailings Permission to Pick up	
Home Address, if different from student's (include unit number if applicable)									
Primary Phone Number	Cell	Home	Work	Cell	Home	Work	Cell	Home	Work
Secondary Phone Number	Cell	Home	Work	Cell	Home	Work	Cell	Home	Work
Third Phone Number	Cell	Home	Work	Cell	Home	Work	Cell	Home	Work
E-mail Address									
* Communication Language									
Requires Translator	YES	NO		YES	NO		YES	NO	

* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).

List the name of a relative, neighbor, family friend, or trusted adult who can also be notified in an emergency and has permission to pick up the student:

NAME	RELATIONSHIP	TELEPHONE #
ADDRESS		

FAMILY DOCTOR'S NAME, ADDRESS, AND PHONE NUMBER:

I authorize you to call my family doctor, if necessary, in an emergency: **YES NO**

NAME	ADDRESS (include unit number if applicable)	City	State	Zip
TELEPHONE #				

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.		CHILDREN OF MILITARY PERSONNEL (optional) As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? YES NO If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? YES NO	
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Parent/Guardian Signature

Date

Must have an original signature. An electronic signature is not acceptable.