



# 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.

<b>SCHOOL NAME</b>		<b>STUDENT ID#</b>	
<b>STUDENT LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	
<b>STUDENT HOME ADDRESS</b> (include unit number if applicable)		City	State Zip
<b>BIRTH DATE</b> (mm/dd/yyyy)	<b>HOMEROOM #</b>	<b>STUDENT HOME PHONE #</b>	

### 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:**

- in a car/park/other public place
- doubled-up
- in a hotel/motel
- in a shelter
- in transitional housing

**School Note:** If any box is checked, see the CPS Policy 702.5.

### CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No Contact Order which concerns this student?

- YES  NO

**School Note:** If "Yes," follow CPS Policy 704.4 procedures. Enter information in *Legal Alert* field and update contact information, as needed, in SIS.

### Parent/Guardian and Emergency Contact Information: Add extra contacts on additional page, if needed.

	PARENT/GUARDIAN CONTACT		PARENT/GUARDIAN CONTACT	
Contact Name				
Relationship to Student				
<b>Check all that apply:</b>	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up
Home Address, if different from student's (include unit number if applicable)				
Cell Phone Number				
Email Address				
Name and Address of Employer				
Work Phone Number				
* Communication Language				

\* 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 or neighbor who can also be notified in an emergency and has permission to pick up the student:

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>TELEPHONE #</b>
<b>ADDRESS</b>		

### Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

<b>NAME</b>	<b>ADDRESS</b> (include unit number if applicable)	City	State	Zip
<b>TELEPHONE #</b>				

<b>STUDENT HEALTH INSURANCE: (select only one of the three)</b> <input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card). <input type="checkbox"/> No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Private/Employer Health Insurance: no additional information needed.	<b>CHILDREN OF MILITARY PERSONNEL (optional)</b> As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent/Guardian Signature

Date

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