



# Emergency Contact Form 2018-19

## River Grove: A Marine Area Community School

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This is also available as an on-line form: [http://www.marineareaschool.org/studentfamily-info/forms/emergency\\_form/](http://www.marineareaschool.org/studentfamily-info/forms/emergency_form/)

Whenever possible and prudent, the school will first notify the parent(s) and/or guardian(s) if a student has a medical emergency. Otherwise, the school will dial 911 for an emergency medical team to transport the student to a local hospital. Parents are responsible for immediately updating the school's office with all contact information changes, as well as any medical conditions affecting the child. Parents are responsible for all medical and other costs affiliated with obtaining medical assistance for their child.

**Full Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Student's Full Primary Address:** \_\_\_\_\_

**Parent/Guardian 1 Name (please print):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
Text message ok?  Yes  No

**Parent/Guardian 2 Name (please print):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
Text message ok?  Yes  No

**Physician Name/Clinic/Phone:** \_\_\_\_\_

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

**Hospital Preference/Phone:** \_\_\_\_\_

**Dentist Name/Phone:** \_\_\_\_\_

**Emergency Contacts and Authorized Persons:** Please list the names of the individuals we may contact in case of an emergency and we are unable to reach either parent/guardian. Also indicate whether the contact is authorized to pick up your child.

**Full Name 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Authorized Pick-up?**  
 Yes  No

**Full Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Full Name 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Authorized Pick-up?**  
 Yes  No

**Full Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Full Name 3:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Authorized Pick-up?**  
 Yes  No

**Full Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell:** \_\_\_\_\_

If necessary, our procedure is to contact a parent first. You will be asked to pick up the child and provide proper care. If we cannot reach you, we will call the emergency contacts listed above and ask them to care for your child. In an emergency, an ambulance may be called and your child may be taken to the hospital. The entire cost of emergency care is the parent/guardian's responsibility.

My signature below gives River Grove: A Marine Area Community School permission to call 911 for emergency care, and to release the above-named student to the person/s listed above. I understand every effort will be made to contact me or the emergency contacts listed.

**Parent/Guardian 1:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_