

Request for Emergency and Health Information

School Name: _____

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.

Student ID#	Last Name	First Name	Middle Name	Homeroom #
Birth Date (mm/dd/yyyy)		Student Home Address		Student Home Phone #

<p style="text-align: center;">Confidential Information Box 1</p> <p>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:</p> <p><input type="checkbox"/> in a car/park/other public place</p> <p><input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing</p> <p>School Note: If any box is checked, see the CPS Policy 702.5.</p>	<p style="text-align: center;">Confidential Information Box 2</p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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 SIM.</p>
--	--

Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, if different from student's		
Home Phone Number, if different from student's		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
<p><small>* 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).</small></p>		

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

Name	Home Address	Telephone #	Relationship
------	--------------	-------------	--------------

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

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

I certify that the information on this form is correct:

(Parent/Guardian Signature) _____
(Date)