
REQUEST FOR EMERGENCY INFORMATION

STUDENT NUMBER

PLEASE PRINT

DATE _____

SCHOOL _____

PARENTS/GUARDIANS: Occasionally children become ill while they are in school or they may have an accident (usually not serious). The school must have on file information that can be used to contact you. Please give **the following information for emergency use only**. If there is a change in this information, please notify the school quickly in writing.

Remove the pink copy of the RIGHTS OF HOMELESS STUDENTS and keep for your records.

STUDENTS NAME _____ ROOM _____
(Last Name) (First Name) (Middle Initial)

CONFIDENTIAL INFORMATION BOX 1

COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) **Check one box if you are living:**

in a shelter with relatives or others due to lack of housing at a train or bus station, park, or in a car in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing in an abandoned apartment/building temporarily housed in a shelter awaiting a DCFS permanent foster care placement

School Principal: If any box is checked, see the Homeless Education Program Policy and Other Important Documents.

STUDENT ADDRESS _____

STUDENT HOME TELEPHONE NUMBER (_____) _____

PARENT/GUARDIAN EMERGENCY INFORMATION

PARENT/GUARDIAN EMERGENCY INFORMATION

NAME _____
HOME TELEPHONE NUMBER (_____) _____
(_____) _____ Pager Cellular

NAME _____
HOME TELEPHONE NUMBER (_____) _____
(_____) _____ Pager Cellular

ADDRESS* _____

ADDRESS* _____

NAME OF EMPLOYER _____
WORK PHONE NUMBER (_____) _____
ADDRESS OF EMPLOYER _____

NAME OF EMPLOYER _____
WORK PHONE NUMBER (_____) _____
ADDRESS OF EMPLOYER _____

*Please complete, if different from student's home telephone number and/or address

CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No Contact order which concerns this student: Yes _____ No _____

School Principal: If "Yes" is checked, follow the School Board Policy 704.4.

Please give the name of a relative or neighbor who could be notified in case of illness or accident:

NAME _____	ADDRESS _____	TELEPHONE (_____) _____	RELATIONSHIP _____
NAME _____	ADDRESS _____	TELEPHONE (_____) _____	RELATIONSHIP _____

If we cannot reach you and feel that your family doctor is needed, please supply this information:

FAMILY DOCTOR _____ DOCTOR'S ADDRESS _____ DOCTOR'S TELEPHONE _____

I authorize you to call my doctor, if necessary _____ PARENT/GUARDIAN SIGNATURE

Teacher: Give this form to each student at the beginning of each school semester and when you learn that the student's emergency information has changed. When the form is complete, check the information on the form with that in the preprinted Attendance Book. If necessary, make changes in the Attendance Book and give the White Copy to the School Office. Keep the Yellow Copy for your records.

School Clerk: Give this form to each enrolling student. Enter information in the Student information (SI) system. Use **STATUP** to update student's status information. Use **EIUP** to enter and/or update student's emergency information. If one of the boxes in the **Confidential Information Box 1 section** is checked, give a copy of the form to your school's **Homeless Education Liaison**.