

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"/> awaiting foster care placement <input type="checkbox"/> in a car/park/other public place <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 style="background-color: #e0e0e0; padding: 5px;">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>
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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, <i>if different from student's</i>		
Home Phone Number, <i>if different from student's</i>		
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
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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)