

***Please print clearly.**

MEDICAL EMERGENCY INFORMATION

Student's Name _____ Home Phone# _____
Teacher's Name _____ Room Number _____
Date of Birth _____ Address _____
Mother's Cell# _____ Mother's Employer _____ (W)Phone _____
Father's Cell# _____ Father's Employer _____ (W)Phone _____
#1. Alternate person to contact in emergency: _____
Relationship to student _____ Home Phone# _____ Cell# _____
#2. Alternate person to contact in emergency: _____
Relationship to student _____ Home Phone# _____ Cell# _____
Doctor _____ Phone _____
Mother's e-mail address _____ Father's e-mail address _____
Medical Insurance Policy Name _____ Name of Insured _____
Group ID _____ Policy Number _____

EMERGENCY EARLY DISMISSAL

*For up-to date school closing information, call the school informaline @ 215-947-2777
If school closes early, Kinderlinks will not be available. Kinderlinks will also be closed.*

Below, please check off the emergency plan which you have established and wish to have your child follow should you be unavailable at the time of an early dismissal.

Check one that applies:

_____ My child should go home on his/her regular bus.

_____ My child should go home on his/her regular bus and go to the following neighbor's house
_____ at _____

Neighbor's name _____ Neighbor's address and phone number _____

*Such arrangements must be made directly between the parent/guardian and the designated pick up person, independent of school involvement.

I understand that, should my child not be picked up by a designated person by the time of dismissal, he/she will be placed on his/her regular bus. In the case of an emergency dismissal, students may not remain in the office, for school closes following the departure of all of the buses. This information will be kept in a file in your child's classroom and reviewed with him or her at the time of an emergency early dismissal.

SHETLER IN PLACE

This is a plan to secure students in the multipurpose room in the event that we are advised of terrorist activity that has taken place, or is imminent. Please complete the following information to be activated should we be in a shelter-in-place alert mode.

If I am not available, the following individual(s) is (are) authorized to pick up my child:

1. Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____