

Wausau School District Form for:
Emergency Contact/ Medical Information/Field Trip Authorization

Student Name _____ Grade _____ DOB _____ Gender _____

Local Contact Person If Parent/Guardian Cannot Be Reached

Contact Name:
Relationship to student:
Home Phone:
Cell Phone:
Employer and Work Phone:

Contact Name:
Relationship to student:
Home Phone:
Cell Phone:
Employer and Work Phone:

Please specify any health conditions which may affect your child in school and identify medications your child is currently taking. The health information provided will be shared with the school staff in a confidential manner.

Health Concerns: _____

Medications: _____

Doctor Name: _____ Phone Number _____

Dentist Name: _____ Phone Number _____

Authorization of Treatment During School Hours and on Field Trips

To whom it may concern: I authorize treatment by a licensed medical physician/dentist of the above minor in the event of a medical/dental emergency that, in the opinion of the attending physician/dentist, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. The authority granted is only to be exercised after reasonable efforts have been made to reach me if time so permits. If I cannot be reached, I authorize the school Principal, teacher certified CPR/ first aide staff, or my designated contact person to call or drive my child to the physician or dentist listed above, or the nearest hospital if emergency care is needed. An ambulance may be called if necessary. This release form is completed and signed of my own free will and is for the sole purpose of authorizing necessary medical treatment under emergency circumstances in my absence. **Special Accomodations:** Students with disabilities who need special accommodations to participate in activities should contact the school, prior to activity date.

Inclement Weather Instructions

If school must be closed during the school day, we need to know what plans you have made for your child. It is difficult for students to telephone for instructions at these times. Please fill out the form below, discuss the plan with your child, and return the form to school.

In the event of school closing during the day, my child should...

_____ Walk home as usual _____ I will pick up my child _____ Ride Bus as always

_____ will pick up my child

_____ Other (Please specify) _____

_____ Date _____

Parent's Signature

Home Phone _____ Work Phone _____ Cell Phone _____