



# West Allis-West Milwaukee School District

## Student Emergency Contact Form

### 2018-2019 School Year

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Current Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

#### Parent/Guardian Additional Emergency Contact Information

Please complete the following information and relationship to the student (such as Birth Parent /Step-Parent/Legal Guardian, etc.).

**#1. Parent or Legal Guardian information for my child at the Student Address above:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

LIST NAMES OF OTHER SIBLINGS LIVING AT THE ABOVE ADDRESS

SIBLING NAME	DATE OF BIRTH	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____

**#2. Additional Parent or Legal Guardian information for my child:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

CHECK HERE IF **LEGAL RESTRICTIONS** ARE IN EFFECT. LIST PERSONS NOT ALLOWED TO SEE STUDENT IN SCHOOL OR PERSONS NOT ALLOWED TO PICK UP STUDENT. **\*\* PROVIDE ANY PERTINENT LEGAL DOCUMENT STATING THESE RESTRICTIONS. \*\***

\_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**#3. The following emergency contacts may be contacted in the event that the parent/guardians above cannot be reached:**

1. Name \_\_\_\_\_ Relationship To Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship To Student \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**#4. In the event of an emergency school closing where phones lines are not available my child is aware to do the following:**

Walk Directly Home       Take The Bus Directly Home As Usual       Walk to the following home:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

(over)



# West Allis-West Milwaukee School District Annual Student Health Condition Form

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_ School \_\_\_\_\_

Please check here if your child has no existing health conditions

Do you carry Health Insurance for your child?  Yes  No (if no please check the following statement)  
Badger Care Plus is the State of Wisconsin Health Insurance Program. It can provide affordable high quality health care coverage to all children. Would you like information on how to get Badger Care Plus for your child?  Yes  No  
(By checking yes, your name will be forwarded to the West Allis Health Department to provide further assistance with the simple application process.)

My child wears glasses/contact lenses  Yes  No      My child wears a hearing aid  Yes  No

**IMPORTANT:** The following information will help us provide appropriate care for your child. Please check and comment on any serious health condition(s) your child may have:

- Asthma/breathing problem  
--Please complete an asthma care plan
  - Heart Condition
  - Seizures Last seizure was: \_\_\_\_\_
  - Diabetes
  - ADHD Hyperactive: \_\_\_\_\_ Inattentive: \_\_\_\_\_
  - Bowel/Bladder Concerns \_\_\_\_\_
  - Mental Health Concerns \_\_\_\_\_
  - Other Health Concerns \_\_\_\_\_
- Surgery in the last 12 months \_\_\_\_\_
  - Takes prescription medication Please list below:  
\_\_\_\_\_  
\_\_\_\_\_

If you would like further assistance regarding your child's health care needs, please contact the District Nursing Office at 414-604-4000 x1107

Allergies (Circle: food, plant, medication, animal, latex, bees, other)

List: \_\_\_\_\_

Does your child have an EPI Pen?  Yes\*  No

If you checked YES, a medication authorization form must be completed by your child's doctor and an EpiPen must be sent to school. Contact the school office for the appropriate forms.

In case of illness at school, the school principal or designee will contact the West Allis Fire Department Emergency Medical Services at 911 if emergency medical care is needed. The West Allis Fire Department or assigned ambulance service will convey your child to a hospital providing emergency care. It is a parental responsibility to assume all conveyance and medical expenses incurred on behalf of your child.

Preferred Hospital \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I hereby give my consent for my child's name and health condition to be shared confidentially with professional and lay staff as determined by the principal. This consent shall remain in force until revoked by me by **written notice to the principal**.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian)