# FRONTIER CENTRAL SCHOOL DISTRICT STUDENT EMERGENCY CARD

Please answer the questions below.  (One for each child)

**wbruton@frontiercsd.org** Switch account

\* Indicates required question

Email \*

Your email

Student's Name \*

Your answer

School \*

◯ Big Tree

◯ Blasdell

◯ Cloverbank

◯ Pinehurst

◯ Frontier Middle School

◯ Frontier High School

Gender *

○ Male

○ Female

Grade *

○ Pre Kindergarten

○ Kindergarten

○ 1

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7

○ 8

○ 9

○ 10

○ 11

○ 12

Address (Street and house number and/or apt. no.) *

Your answer

City or Town *

Your answer

Zip Code *

Your answer

Birthdate (month/day/year) *

Your answer

Phone Number *

Your answer

To parent or guardian: To serve your child in case of accident or sudden illness, it is necessary that you furnish the following information for emergency calls.
Please fill out the information below.

Mother's name

Your answer

Mother's Daytime Phone/Cell Phone

Your answer

_____

## Mother's Address

Your answer

## Mother's E-Mail

Your answer

## Father's Name

Your answer

## Father's Daytime Phone/Cell Phone

Your answer

## Father's Address

Your answer

## Father's E-Mail

Your answer

### Step Parent's Name

Your answer

### Step Parent's Daytime Phone/Cell Phone

Your answer

### Step Parent's Address

Your answer

### Step Parent's E-Mail

Your answer

### Guardian's Name

Your answer

### Guardian's Daytime Phone/Cell Phone

Your answer

### Guardian's Address

Your answer

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Guardian's E-Mail

Your answer

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Child Lives With (check all that apply) *

☒ Mother

☒ Father

☒ Step-mother

☒ Step-father

☒ Guardian

☒ Other: _____

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Status of Parent (check all that apply) *

☒ Married

☒ Separated

☒ Divorced

☒ Mother remarried

☒ Father remarried

☒ Mother Deceased

☒ Father Deceased

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List Date (Separated/Divorce/Death)

Your answer
_____

**Legal Custodial Restrictions:** *

******If yes you will be required to contact [fcsdregistration@frontiercsd.org](mailto:fcsdregistration@frontiercsd.org) and provide a copy of legal documents.  In the subject write LEGAL CUSTODIAL DOCUMENTS******

⬭ Yes

⬭ No

⬭ N/A

Alternate Site for Emergency School Closing (Within walking distance of bus stop) Please provide Name, Address, and Phone Number *

Your answer
_____

Name and birthdates of brothers and sisters under 18 years of age. *

Your answer
_____

List two neighbors or NEARBY adults who will assume temporary care of your child if you cannot be reached (Provide Name, Address, Phone Number, and Relationship to Child)

**Neighbor 1** *

Your answer
_____

Neighbor 1's address *

Your answer

Neighbor 1's Phone Number *

Your answer

Relationship to neighbor 1 *

Your answer

Neighbor 2

Your answer

Neighbor 2's address

Your answer

Neighbor 2's Phone Number

Your answer

Relationship to neighbor 2

Your answer

_____

Please check off if you child has the following:

Please check off if you child has the following (check all that apply: *

- ☒ Heart Disease
- ☒ Diabetes
- ☒ Epileptic Seizures
- ☒ Severe Allergies
- ☒ Ear/Eye Problems
- ☒ Asthma
- ☒ Chronic Conditons
- ☒ Emotional/Behavior Conditions
- ☒ None

Medication(s) (write NONE for no medication taken) *

Your answer

If you answer yes to any of the above please explain

Your answer

Primary Doctor *

Your answer

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Primary Doctor Phone Number *

Your answer

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Dentist *

Your answer

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Dentist's Phone Number *

Your answer

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"I, hereby, give my permission for my child to be transported to a Hospital or to the medical facility deemed most appropriate by medical personnel"    1. ) I, the undersigned, do hereby authorize officials of Frontier School District to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. 2.)   In the event that physicians, other persons' names on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.  3.)    To best meet the health and safety needs of my child, the nurse may share relevant health information with appropriate school personnel. This information will be kept confidential.

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Which hospital or medical facility deemed most appropriate by medical personnel  *
would you want you child transported to

Your answer

eSignature of Parent or Guardian *

Your answer

Submit

Clear form

Never submit passwords through Google Forms.

Forms