

Draw a line through any incorrect information and make corrections. Fill in any blank boxes. Use the back for additional information.

LAST NAME	FIRST NAME	MIDDLE NAME	HOMEROOM	GRADE

If there are any custody issues that we need to be aware of, include that information on the back of this card, include a copy of the order, or call our guidance office at 724-852-1050 ext. \*3227.

**GUARDIAN'S INFORMATION BELOW:**

NAME		ADDRESS		CITY•STATE•ZIP	
PHONE #1	PHONE #2	PHONE #3	RELATIONSHIP TO STUDENT	CIRCLE IF STUDENT RESIDES HERE	

**EMERGENCY CONTACT #1 INFORMATION BELOW:**

NAME		ADDRESS		CITY•STATE•ZIP	
PHONE #1	PHONE #2	PHONE #3	RELATIONSHIP TO STUDENT		

**EMERGENCY CONTACT #2 INFORMATION BELOW:**

NAME		ADDRESS		CITY•STATE•ZIP	
PHONE #1	PHONE #2	PHONE #3	RELATIONSHIP TO STUDENT		

**EMERGENCY CONTACT #3 INFORMATION BELOW:**

NAME		ADDRESS		CITY•STATE•ZIP	
PHONE #1	PHONE #2	PHONE #3	RELATIONSHIP TO STUDENT		

PLEASE LIST THE NAME(S) OF ANYONE NOT PERMITTED TO PICK UP YOUR CHILD FROM WCHS: \_\_\_\_\_

**CLASSROOM INTERNET ACTIVITIES: CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ I give permission for my child to participate in classroom activities involving the internet.

\_\_\_\_\_ I do not give permission for my child to participate in classroom activities involving the internet.

**2016-2017 CENTRAL GREENE SCHOOL DISTRICT PHOTOGRAPH/VIDEO RELEASE: CHECK ONE OF THE FOLLOWING:**

\_\_\_\_\_ I give permission for my child's photo or video to be displayed and shared which may be viewed by the general public (i.e. school newspaper, district website, school yearbook, local newspaper, etc.)

\_\_\_\_\_ I do not give permission for my child's photo or video footage to be displayed.

**EMERGENCY CALL SYSTEM INFORMATION: (i.e. emergency dismissal, school delays/cancellations, etc.)**

**DUE TO SPACE LIMITS LIST ONLY 3 PHONE NUMBERS.**

LAND LINE

CELL PHONE

CELL PHONE

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**HEALTH UPDATE/NURSES INFORMATION:**

**List all medications and dosages that this child takes on a regular basis or as needed:**

**Please list any Health Conditions, diseases, allergies, comments or treatments below.**

MEDICAL CONDITIONS	COMMENTS/TREATMENTS

**Please send the doctor's order and the medication to school as soon as possible for any medication that may be needed during the school day.**

**List any serious illnesses, injuries or surgeries since last school year:**

\_\_\_\_\_ I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel as needed to meet my child's health and safety needs.

\_\_\_\_\_ If unable to reach the parent/guardian in the event of an injury or illness requiring emergency medical care, the child will be taken to the nearest medical facility.

I understand that by signing this form, I acknowledge that I am aware of the rules and regulations contained in these documents.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The WCHS student handbook is available at [www.cgisd.org](http://www.cgisd.org). ***If you do not have internet access, please inform the office and a handbook will be provided for you.*** This emergency card must be returned to your first period teacher by **September \_\_\_\_\_, 2017. Failure to return this form will result in:**

**Driving Permits Being Revoked, Report Cards Being Held, Exclusion from Extracurricular Activities, Loss of Field Trip Privileges.**

By initialing the following, I acknowledge that I am aware of the rules and regulations contained in these documents.

- 2017-2018 WCHS student emergency card \_\_\_\_\_
- 2017-2018 WCHS handbook \_\_\_\_\_
- CGSD Photo and video release \_\_\_\_\_

**CUSTODY ISSUES:**

Is there a court order/custody agreement involving your child? \_\_\_\_ YES \_\_\_\_ NO ***(if YES, please provide a copy of the order to the school office so we are able to abide by its contents.)***

**PLEASE LIST CUSTODY ISSUES HERE:**