



Downers Grove Grade School District 58

Student Information and Emergency Form

FOR OFFICE USE

Birth Cert Residency Medical Records
 Start Date _____ Homeroom _____
 Bus Route AM _____ Bus Route PM _____
 Bus Stop AM _____
 Bus Stop PM _____

Last Name _____ First Name _____ Middle Name _____ Grade _____

Birthdate _____ Birth City _____ Gender _____ Language Spoken at Home _____

Address _____ City _____ Zip _____

Home Phone _____ Mother's Maiden Name _____ Medicaid # _____ **If born outside the US, number of consecutive years attending US schools** _____

Student Lives with _____ **Primary Email:** _____

Father _____ Cell # _____ Work # _____
 Relationship to Child _____ Email _____ Employer _____

Mother _____ Cell # _____ Work # _____
 Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian1 _____ Cell # _____ Work # _____
 Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian2 _____ Cell # _____ Work # _____
 Relationship to Child _____ Email _____ Employer _____

Other Parent/Guardian Mailing Name _____ Address _____

City _____ State _____ Zip _____

1. Emergency Contact _____ Relationship To Child _____

Contact Phone # _____ Contact Cell Phone # _____

2. Emergency Contact _____ Relationship To Child _____

Contact Phone # _____ Contact Cell Phone # _____

Please list siblings their gender and DOB _____

Medical Considerations and/or Comments: _____

- Yes / No** I give permission for my child's work to be displayed.
 - Yes / No** I give permission for my contact information to be shared with the PTA for inclusion in the school directory.
 - Yes / No** I give permission for my student's photo/information to be published in the school yearbook and/or other school publications.
 - Yes / No** I give permission for my child's photograph and/or audio/video taping to be displayed or used in district publications and/or on the district web site/district social media.
- (I understand permission is granted if no choices are selected)
- Yes / No** In August, would you prefer to receive the Parent Handbook electronically only?

Doctor's Name _____ Doctor's Phone # _____

Emergency Consent:
 I hereby certify that I have legal custody of this child and authorize the school, in case of emergency and I cannot be reached, to 1) contact and release my child for care to the persons listed as emergency contacts; and/or 2) take such action as may be deemed necessary including transportation of the student to a hospital or medical center; and/or 3) authorize emergency treatment by qualified paramedics or by a licensed medical doctor in the event of a medical emergency which, in the opinion of the school official, paramedics or attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Parent/Guardian Signature _____ Date _____