



Request for Emergency and Health Information



PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. **Please print clearly.** Whenever there is a change in this information, immediately notify the school in writing.

SCHOOL NAME		STUDENT ID#	
STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	
STUDENT HOME ADDRESS (include unit number if applicable)		City	State Zip
BIRTH DATE (mm/dd/yyyy)	HOMEROOM #	HOME/PRIMARY PHONE #	
CONFIDENTIAL INFORMATION BOX 1 Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box: <input type="checkbox"/> in a car/park/other public place/abandoned building/substandard housing <input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel/trailer park/camping ground <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing		CONFIDENTIAL INFORMATION BOX 2 Is there a current Order of Protection or Civil No Contact Order which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO Is there a current Temporary Restraining Order or Injunction which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO	
School Note: If any box is checked, see the CPS Policy 702.5.		School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIS.	

Parent/Guardian and Emergency Contact Information: Add extra contacts on additional page, if needed.

	PRIMARY PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT
	<input type="checkbox"/> DCFS Contact <input type="checkbox"/> Requires Translator _____	<input type="checkbox"/> DCFS Contact <input type="checkbox"/> Requires Translator _____	<input type="checkbox"/> DCFS Contact <input type="checkbox"/> Requires Translator _____
Contact First Name, Last Name			
Relationship to Student			
Check all that apply:	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pick up	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pick up	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pick up
Home Address, if different from student's (include unit number if applicable)			
Primary Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
E-mail Address			
Name and Address of Employer			
* Communication Language			

* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).

List the name of a relative, neighbor, family friend, or trusted adult who can also be notified in an emergency and has permission to pick up the student:

NAME	RELATIONSHIP	TELEPHONE #
ADDRESS		

Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

NAME	ADDRESS (include unit number if applicable)	City	State	Zip
TELEPHONE #				

STUDENT HEALTH INSURANCE: (select only one of the three) <input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card). <input type="checkbox"/> No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Private/Employer Health Insurance: no additional information needed.	CHILDREN OF MILITARY PERSONNEL (optional) As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

Parent/Guardian Signature

Date

Must have an original signature; an electronic signature is not acceptable.