



THE CAMPUS SCHOOL
of Carlow University

Emergency Contact Form 2019-2020

Please print clearly and complete **both sides**.
Answer all questions and return form to the office by 8/2/2019.

Student ID: _____
For office use only.

Student's Last Name: _____ Legal First Name: _____ Middle Name: _____

Preferred Name: _____ Date of Birth (Month/Day/ Year): _____

Street Address (Include Zip Code): _____

Gender: _____ Grade: _____ Home Phone: _____

Check here if the address listed above is different from the 2018-2019 school year.

Student Resides With:

Check all that apply. Please print name(s) and phone number(s) where individual(s) can be reached during the school day. In emergency situations, these individuals will be notified first. **If student has more than one residence, please complete an Emergency Contact Form for each parent/location.*

Parent 1 Name: _____ Phone: _____
Title First Name Last Name Home Cell Work Other

Email Address: _____ Phone: _____
 This individual is authorized to pick up the above student in an emergency situation. Home Cell Work Other

Parent 2 Name: _____ Phone: _____
Title First Name Last Name Home Cell Work Other

Email Address: _____ Phone: _____
 This individual is authorized to pick up the above student in an emergency situation. Home Cell Work Other

Guardian Name: _____ Phone: _____
Title First Name Last Name Home Cell Work Other

Email Address: _____ Phone: _____
 This individual is authorized to pick up the above student in an emergency situation. Home Cell Work Other

Emergency Contacts

In cases of illness or injury, when a parent/guardian cannot be reached, these individuals will be contacted. Please list individuals in order of who should be called first. By providing this information, you are giving permission for the person or persons listed below to be contacted in case of an emergency.

Contact Name 1: _____ Phone: _____
Title First Name Last Name Home Cell Work Other

Email Address: _____ Phone: _____
 This individual is authorized to pick up the above student in an emergency situation. Home Cell Work Other

Contact Name 2: _____ Phone: _____
Title First Name Last Name Home Cell Work Other

Email Address: _____ Phone: _____
 This individual is authorized to pick up the above student in an emergency situation. Home Cell Work Other

Please turn over and complete the back.





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Transportation

Check all that apply on a **regular basis**. **Please note: Registration is required for Extended Day and should be completed separately.

Home School District: _____ Home School: _____

ARRIVAL: Bus Car **DISMISSAL:** Bus Car Extended Day

Health Information

Check any of the following health condition(s) that your child may have. If your child has any of these conditions and requires rescue medication and/or an anaphylaxis or asthma action plan, please complete the additional required forms that can be found at <https://campusschool.carlow.edu/Page/673>

Asthma Diabetes Epilepsy Allergies (Food/Drugs)

Other condition(s): _____

List allergies to food/drugs: _____

Please list ALL medications your child is currently taking: _____

Physician's Name: _____ Phone Number: _____

Address: _____