



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 #

STUDENT HOME 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:**

- in a car/park/other public place
- doubled-up
- in a hotel/motel
- in a shelter
- in transitional housing

School Note: If any box is checked, see the CPS Policy 702.5.

CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No Contact Order which concerns this student?

YES

NO

School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in Legal Alert field and update contact information, as needed, in SIS.

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

	PARENT/GUARDIAN CONTACT		PARENT/GUARDIAN CONTACT	
Contact Name				
Relationship to Student				
Check all that apply:	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up
Home Address, if different from student's (include unit number if applicable)				
Cell Phone Number				
Email Address				
Name and Address of Employer				
Work Phone Number				
* 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 or neighbor 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)

Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card).

No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? YES NO

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?

YES NO

If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year?

YES NO

Parent/Guardian Signature

Date

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