



EDUCATING THROUGH AN INDIGENOUS LENS

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EMERGENCY INFORMATION 2020-2021

STUDENT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ (Month/Day/Year) Gender: _____ Grade: (Sept. 1, 2020) _____

WHO IS LEGALLY RESPONSIBLE FOR THIS CHILD?

Parent/Guardian 1 - Name: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Parent/Guardian 2 - Name: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

In case your child becomes ill or hurt and neither parent can be contacted, please provide the school with the name/names of who should be contacted and their relationship to you.

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____ Relationship to Student: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Alternate Emergency Contact (Not Parent/Guardian):

Emergency Contact Name: _____ Relationship to Student: _____

Telephone Numbers: _____ (Home) _____ (Cell) _____ (Work)

Does your child have any known allergies or health conditions? Yes No

If yes, please explain: _____

Physician's and/or Clinic's name: _____

Address: _____ Phone #: _____

Please indicate the hospital in which you would like your child to be taken to in case of an emergency.

If I cannot be reached during a medical emergency I hereby authorize the school to obtain emergency medical treatment for my child.

Parent/Guardian Signature: _____ Date: _____