



**EDUCATING THROUGH AN INDIGENOUS LENS**

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## EMERGENCY INFORMATION

2019-2020

### STUDENT INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month/Day/Year) Gender: \_\_\_\_\_ Grade: (Sept. 1, 2018) \_\_\_\_\_

### 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: \_\_\_\_\_