

Thornapple Kellogg School
EMERGENCY / PERMISSIONS FORM

Student's Name _____ Grade _____ Teacher _____

Address _____ City _____ Zip _____
(MUST indicate house number & street name. Include P.O. Box, if any.)

Home Phone _____ Student's Birthdate _____

With whom does child reside? (specific names) _____

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**Mother's Name** \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Daytime work phone (\_\_\_\_\_) \_\_\_\_\_ Name of Employer \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

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Father's Name _____ Home Phone(_____) _____

Address _____

Daytime work phone (_____) _____ Name of Employer _____

Cell Phone(_____) _____ Email Address _____

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**Step-Mother's Name** \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Daytime work phone (\_\_\_\_\_) \_\_\_\_\_ Name of Employer \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

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Step-Father's Name _____ Home Phone(_____) _____

Address _____

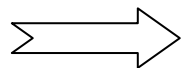
Daytime work phone (_____) _____ Name of Employer _____

Cell Phone(_____) _____ Email Address _____

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List **ALL** other children in the family - name, birth date (& grade if applicable).

\_\_\_\_\_  
\_\_\_\_\_



**Release Information/Emergency Contacts:** List at least three persons you feel will be available and can care for your child in the event parents are not available (**transportation is a necessity!**). These are also the only people who will be allowed to pick up your child unless we are notified otherwise.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #'s \_\_\_\_\_

**Health Information:**

Does your child take medication regularly? If so, what is taken & when? \_\_\_\_\_

List any health information, **allergies**, work schedules, day care and/or any other information that the school should be aware of:



**▶▶▶ In case of emergency school closing (weather, etc.),  
TK Schools will follow my child's regular dismissal routine. ◀◀◀**

- ▶ **If unable to reach parent(s) or emergency contact people, my child will receive emergency care by the Thornapple EMT service, and/or be taken to Pennock Hospital. If emergency dental care is needed, please follow the same procedure.**
- ▶ **I give permission for my child to attend school-sponsored field trips. I will be made aware of any field trip away from the district by school and/or classroom newsletters.**
- ▶ **I give permission for my child's photograph to be used in any school publication, web page and/or newspaper publication.**

**Sign below and return to school.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**