

# Westonka District #277 Emergency Contact Information

All persons listed on this form have permission to have contact with your child.

**Student Name:**

**Birth Date:**

**Teacher:**

Gr:

Parent 1:

Relationship:

Address:

Phone 1:

Phone 2:

Email Address:

Type:

Parent 2:

Relationship:

Phone 1:

Phone 2:

Email Address:

Type:

Type:

**Child Lives with:** \_\_\_\_\_

**WHICH PARENT SHOULD BE CALLED FIRST?** \_\_\_\_\_

Information may be shared with Step-Parent?  YES  NO

**PERSON WHO WILL CARE FOR YOUR ILL CHILD IN CASE PARENT CANNOT BE REACHED. MUST HAVE TWO EMERGENCY CONTACTS, TWO PHONE NUMBERS AND CANNOT BE PARENTS.**

Name:

Phone:

Phone:

Name:

Phone:

Phone:

**In case of EMERGENCY, our procedure is to contact the Parent/Guardian and call 911.**

Clinic: \_\_\_\_\_ Dr. Contact Phone: \_\_\_\_\_

Please check off the following conditions that affect your child:

Seizure Disorder

Asthma

Bee Sting Allergy

Diabetes

ADHD

Milk Allergy

Food Allergy (Dr's note required.) List: \_\_\_\_\_

Other. Explain: \_\_\_\_\_

Allergies \_\_\_\_\_

I hereby authorize District 277 to provide emergency care for my child as stated.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Turn Over and Complete Transportation Information

**Transportation**

According to our records your child is assigned to the following bus:

School Bus #

If this does not match your records, please contact Transportation.

Transportation website instructions:

Go to [westonka.k12.mn.us](http://westonka.k12.mn.us), click on the About Us tab and scroll down to Transportation Services or call 952-491-8280.

Many of our students take different buses due to locations of parents living in the community and/or daycare options. Please complete this area by putting in your child's bus number per day, if it does not match the information above.

**BUS # TO SCHOOL:**            \_\_M, \_\_T, \_\_W, \_\_TH, \_\_F

**BUS # FROM SCHOOL:**        \_\_M, \_\_T, \_\_W, \_\_TH, \_\_F

**AM ADVENTURE CLUB:**        \_\_M, \_\_T, \_\_W, \_\_TH, \_\_F

**PM ADVENTURE CLUB:**        \_\_M, \_\_T, \_\_W, \_\_TH, \_\_F

**OTHER:\_\_\_\_\_**                \_\_M, \_\_T, \_\_W, \_\_TH, \_\_F

If there are any changes to your child's schedule a note must be written and sent to school with your child for the classroom teacher. If a child is going to a friend's house, a note must be written for the teacher and the bus driver. Children will then bring the slip to the office for an Official Bus Change form. Children will not be able to ride a different bus unless there is a note from the parent