

**KORAES ELEMENTARY SCHOOL 2023-2024**  
**EMERGENCY FORM**  
**(TO BE COMPLETED FOR EACH CHILD AND RETURNED AT REGISTRATION)**

*(Please print)*

Student's Legal Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Baptized Orthodox: Yes \_\_\_\_\_ No \_\_\_\_\_

Resides with: Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

If parents are divorced, which parent has legal custody rights? \_\_\_\_\_ Special Custody Arrangements: \_\_\_\_\_

Which parent would you like contacted first? \_\_\_\_\_

Correspondence to be sent to: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Church where you are a registered steward: \_\_\_\_\_

Public elementary school (**name and district #**) your child would attend: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, LIST THE NAMES OF PEOPLE TO BE CALLED IF PARENTS CANNOT BE CONTACTED:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**LIST THE NAMES OF PEOPLE ALLOWED TO PICK UP YOUR CHILD FROM SCHOOL:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand that I must provide verbal or written authorization for people other than the above names to pick-up child from school.  
Without my authorization, my child will not be released in anyone's care.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL  
HEALTH INFORMATION**

**CHECK ALL THAT APPLY**

**PLEASE EXPLAIN ANY YES ANSWERS**

|                              |                    |             |
|------------------------------|--------------------|-------------|
| Food Allergy                 | No _____ Yes _____ | _____       |
| Bee Sting Allergy            | No _____ Yes _____ | _____       |
| Other Allergies (Specify)    | No _____ Yes _____ | _____       |
| Asthma                       | No _____ Yes _____ | _____       |
| Bowel/Bladder Concerns       | No _____ Yes _____ | _____       |
| Diabetes                     | No _____ Yes _____ | _____       |
| Heart Condition              | No _____ Yes _____ | _____       |
| Seizures                     | No _____ Yes _____ | _____       |
| Skin Condition               | No _____ Yes _____ | _____       |
| ADHD                         | No _____ Yes _____ | _____       |
| Emotional Health Concerns    | No _____ Yes _____ | _____       |
| Vision Concerns/Glasses      | No _____ Yes _____ | _____       |
| Hearing Concerns             | No _____ Yes _____ | _____       |
| Other Medical Condition      | No _____ Yes _____ | _____       |
| Medication taken at home     | No _____ Yes _____ | List: _____ |
| Medication needed at school* | No _____ Yes _____ | List: _____ |

**\*School Medication Authorization form must be on file in Office for medicine to be administered**

**PARENT PERMISSION TO PROVIDE EMERGENCY PHYSICIAN AND HOSPITAL TREATMENT**

The undersigned agrees to assume all responsibility and expenses, including transportation.

If neither parent is reached, you have my permission to call **Dr.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

If parents or family physician are not reached, you have my permission to transport my child to the nearest medical facility.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parents, please be aware that the hospital may refuse to render care until you arrive or give verbal permission to begin care.  
Therefore, it is especially important that we have a phone number.*

To gain access to the Internet, all students and parents must sign below:

I have read (or it has been explained to me) and agree to follow the Koraes Elementary School Internet Acceptable Use Policy. I also understand that if I do not follow these rules, I may lose my technology and/or Internet privileges for the remainder of the year. Additional consequences may be decided upon and carried out by the administration.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the parent/legal guardian of this student, I have read the Koraes Elementary School Internet Acceptable Use Policy. I hereby give my permission to allow my child to be given the privilege of Internet access.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As part of our website for the school, we will be posting photos of students and press releases on the web. In order to do so, we must have permission from every parent to post a picture of his/her child. The photos will be used for educational purposes and will depict children in various school activities only. We will not post any names of students in order to protect the privacy of each student on the web. Photos are usually of groups of students, not individuals. Press releases may include names of students.

\_\_\_\_\_ I give permission for a photo of my child to be posted on the Koraes School website for educational purposes only.

\_\_\_\_\_ I do not give permission for a photo of my child to be posted on the Koraes School website for educational purposes only.

I understand that by signing below, I am agreeing to abide by the Parent/Guardian Code of Conduct.

**Father/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_