

KORAES ELEMENTARY SCHOOL
2025-2026 EMERGENCY FORM
(TO BE COMPLETED FOR EACH CHILD)

(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 _____ Grandparent

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

Which parent would you like contacted first? _____

Correspondence via email to be sent to: _____ Both Parents _____ Mother _____ Father

Church where you are a registered steward: _____

Public school your child would attend (name and district #): _____
(<https://www.iecam.illinois.edu/browse/illinois-school-district-finder>)

Father's Full Name: _____

Home Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Business Phone: _____

Mother's Full Name: _____

Home Address _____

Cell Phone: _____ Email: _____

Employer: _____ Business Phone: _____

Sibling Name and Age: _____

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: _____

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 WEBSITE for educational purposes.**

_____ **I DO NOT give permission for a photo of my child to be posted on the KORAES WEBSITE for educational purposes.**

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:** _____