

River Rouge School District
Emergency Procedure Card
PLEASE PRINT

Student's Name: _____ Birth date: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____

Chronic Illnesses: _____ Allergies: _____

Emergency Contact #1: _____ Phone: _____ Relationship: _____

Emergency Contact #2: _____ Phone: _____ Relationship: _____

Emergency Contact #3: _____ Phone: _____ Relationship: _____

Family Physician: _____ Phone: _____

I hereby give permission to the River Rouge School District to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Parent/Guardian's Signature

Date Signed

Field Trip & Release of Information Form

My child, _____, has permission to go on scheduled field trips with his/her class and/or school, during this school year.

I understand he/she will be traveling in school district approved transportation and that the school will exercise all reasonable care.

I understand that my child will only be released to the person(s) below and they must present picture identification before the child is released.

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

The River Rouge School District is requesting permission for your child's photo/image and/or data to be published on the district and/or school's web site, promotional materials, articles, or in any other medium, without compensation to the parent(s)/guardian(s).

Please check one of the following choices:

- ALL** data and pictures Data ONLY Pictures ONLY **NO** data or pictures

By signing below, I give River Rouge School District the rights indicated above.

Parent/Guardian's Signature

Date Signed