



P.O. Box 865, North Bennington, Vermont, 05257  
(802) 442-4601  
www.southshire.org

**EMERGENCY INFORMATION 2023-2024**

**Child's name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_  
*Month/date/year*

Parent/s Name/s \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email address \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent/s Name/s \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email address \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Business Phone \_\_\_\_\_

Southshire Community School has permission to seek emergency treatment, hospitalization, anesthesia, surgery, or other needed medical attention for my child named on this form.

Guardian Signature/s: \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INSURANCE**

Insurance Plan \_\_\_\_\_ Policy Holders Name \_\_\_\_\_

Policy/Plan# \_\_\_\_\_ Group# \_\_\_\_\_

Student's Physician \_\_\_\_\_ Telephone# \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone# \_\_\_\_\_

Please explain any food or physical restrictions, allergies, medications, or information we should know about your child's health or diet:

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

**EMERGENCY CONTACTS**

Students Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE NOTIFY:

**Parent 1** \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_

**Parent 2** \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_

**To be notified if above cannot be reached:** \_\_\_\_\_

Relation to student \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Designate pick up person    yes   

**Alternative to above emergency contact:** \_\_\_\_\_

Relation to student \_\_\_\_\_

Work Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Designate pick up person    yes   

Please list all parties who have permission to pick-up your child:

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I authorize the Southshire Community School to release my child from school to the people listed above. *(Any changes to this list must be received in writing, signed, and dated)*

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_