



# EMERGENCY FORM

Summer School 2019

PLEASE PRINT CLEARLY - COMPLETED FORM REQUIRED NO LATER THAN THE FIRST DAY OF SCHOOL

Program:		Teacher:	
Student Name:		Home Phone:         -         -	
Address:		Date of Birth: / /	
City:	Zip:	Grade Level (Going Into):	
Current/Future High School:		Year of Graduation:	

### EMERGENCY CONTACTS

1.	Name:		Primary Phone:         -         -		Cell <input type="checkbox"/>	Home <input type="checkbox"/>
	Circle One: <b>PARENT</b> <b>GUARDIAN</b>		Alternate Phone:         -         -		Cell <input type="checkbox"/>	Home <input type="checkbox"/>
	Lives with student (Circle One)? <b>YES</b> <b>NO</b>		Work Phone:         -         -            Ext.			
	Parent/Guardian Email:         .         @         .					
	<input type="checkbox"/> Use this email to enroll me in Family Portal (required to access student grades). Note: Mukilteo SD parents must sign up at sending school					
2.	Name:		Primary Phone:         -         -		Cell <input type="checkbox"/>	Home <input type="checkbox"/>
	Relationship:		Alternate Phone:         -         -		Cell <input type="checkbox"/>	Home <input type="checkbox"/>
	Lives with student (Circle One)? <b>YES</b> <b>NO</b>		Work Phone:         -         -            Ext.			
3.	Name:		Primary Phone:         -         -		Cell <input type="checkbox"/>	Home <input type="checkbox"/>
	Relationship:		Alternate Phone:         -         -		Cell <input type="checkbox"/>	Home <input type="checkbox"/>
	Lives with student (Circle One)? <b>YES</b> <b>NO</b>		Work Phone:         -         -            Ext.			

### HEALTH INFORMATION

MY STUDENT HAS NO HEALTH CONCERNS  
 MY STUDENT HAS A LIFE THREATENING HEALTH CONDITION - *Complete Sections Below.* \*  
 MY STUDENT HAS A HEALTH CARE PLAN AT HIS/HER HIGH SCHOOL  
*\*If so, Washington State Law requires a medication or treatment order and a school health care plan in place prior to starting school.*

### HEALTH CONDITIONS

Diabetes:    \_\_\_ Type 1    \_\_\_ Type 2  
 Asthma:    \_\_\_ Yes    \_\_\_ No    - Asthma triggers are: \_\_\_\_\_  
 Allergies (*Requiring Medical Attention*):    \_\_\_ Bees/Insects    \_\_\_ Nuts/Foods    \_\_\_ Latex    \_\_\_ Medication    \_\_\_ Other  
 Please explain the allergic reaction and the treatment needed: \_\_\_\_\_  
 Please list any other high-risk/serious conditions: \_\_\_\_\_  
 Please list any medical restrictions for personal/religious reasons: \_\_\_\_\_  
 Medication Needed at School:    \_\_\_ No    \_\_\_ Yes (*If yes, a medication order is required*)

### MEDICATION

List medications needed to be taken at home: \_\_\_\_\_  
 List medications needed to be taken at school (*including inhalers*): \_\_\_\_\_  
 My student self-carries:    \_\_\_ Epi Pen    \_\_\_ Inhaler    \_\_\_ Insulin    \_\_\_ Other: \_\_\_\_\_  
***NOTE: Students requiring medication at school (prescription and/or non-prescription, self-carried or not) must have a written physician order and written parent consent on file at Sno-Isle TECH. All medication must be in the original container. All medication orders must be renewed EACH SCHOOL YEAR.***

### PHOTO RELEASE

Sno-Isle and the media have my permission to take and release pictures of my student while involved in Sno-Isle activities.  
 **NO - DO NOT** RELEASE MY STUDENT'S PHOTO (Permission is implied if this box is not checked).

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

Printed Parent/Guardian Name (*make sure you are listed above as a contact*): \_\_\_\_\_

The Mukilteo School District No. 6 complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, or handicap. This applies to all educational programs and/or extracurricular school activities. Further, the District recognizes the needs of persons with disabilities as defined by the Americans with Disabilities Act (ADA) of 1990. The District complies with state and federal accessibility regulations to provide access for our students, staff, parents, and guests. Inquiries regarding compliance and/or grievance procedures may be directed to the School District's Title IX Officer (Bruce Hobert 425-356-1325) and/or Section 504 Coordinator Lisa Pitsch (425-356-1277) and/or ADA Coordinator (Karen Mooseker 425-356-1330). Inquiries regarding ADA/Access issues at Sno-Isle TECH Skills Center should be directed to Maggie Bagwell, Director (425-348-2220) at 9001 Airport Road, Everett, WA 98204.