

**River Rouge Board of Education
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 Permission Slip

To: School Administrator

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.

I understand that the school will exercise all reasonable care.

Parent/Guardian's Signature

Date Signed

Names of persons other than parent(s) to whom child may be released:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

I understand that my child will only be released to the above person(s). The above named person(s) must present picture identification before a child is released.