Request for Emergency and Health Information

Chicago Public Schools

PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. Please print clearly.
Whenever there is a change in this information, immediately notify the school in writing.

SCHOOL NAME		STUDENT ID#
STUDENT LAST NAME	**FIRST NAME**	**MIDDLE NAME**

STUDENT HOME ADDRESS (include unit number if applicable) City State Zip

BIRTH DATE *(mm/dd/yyyy)*	HOMEROOM #	STUDENT HOME PHONE #

CONFIDENTIAL INFORMATION BOX 1

Complete this box only if (1) it reflects your child's current living situation; OR **(2)** it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) **Check one box:**

- ☐ in a car/park/other public place
- ☐ doubled-up
- ☐ in a hotel/motel
- ☐ in a shelter
- ☐ in transitional housing

School Note: If any box is checked, see the CPS Policy 702.5.

CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No Contact Order which concerns this student? ☐ YES ☐ NO

School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in *Legal Alert* field and update contact information, as needed, in SIS.

Parent/Guardian and Emergency Contact Information: *Add extra contacts on additional page, if needed.*

	PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT
Contact Name		
Relationship to Student		
Check all that apply:	☐ Lives With ☐ Gets Mailings ☐ Emergency ☐ Permission to Pick up	☐ Lives With ☐ Gets Mailings ☐ Emergency ☐ Permission to Pick up
Home Address, *if different from student's (include unit number if applicable)*		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		

* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:

NAME	RELATIONSHIP	TELEPHONE #
ADDRESS		

Family Doctor's Name, Address, and Phone Number:

☐ *I authorize you to call my family doctor, if necessary, in an emergency.*

NAME	ADDRESS (include unit number if applicable) City State Zip
TELEPHONE #	

STUDENT HEALTH INSURANCE: (select only one of the three)

- ☐ Illinois Medical Card/All Kids: provide student's medical ID # _____ *(9-digit number located on back of card).*
- ☐ No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? ☐ YES ☐ NO
- ☐ Private/Employer Health Insurance: no additional information needed.

CHILDREN OF MILITARY PERSONNEL (optional)

As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? ☐ YES ☐ NO

If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? ☐ YES ☐ NO

Parent/Guardian Signature **Date**

Must have an original signature; an electronic signature is not acceptable.