



## International Academy of Suriname Emergency Information

### PLEASE USE INK

1. Child's Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Mother's Name \_\_\_\_\_
4. My child normally goes home by  Parents pick up  bicycle  foot  driver  drives self  
 Other \_\_\_\_\_
- A. Authorized driver(s): \_\_\_\_\_
- B. Students who drive themselves: \_\_\_\_\_ | Attach:  Copy of license  Proof of insurance  
Car License plate number \_\_\_\_\_ | Car Make/Model \_\_\_\_\_

### 3. The Emergency Home for my child is:

Name: \_\_\_\_\_ | Relationship to student: \_\_\_\_\_  
Address: \_\_\_\_\_ | Cellphone: \_\_\_\_\_

### 4. In an emergency situation, my child may be picked up by any of the following people:

Name:	Relationship:	Phone number
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

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### 1. Child's medical information (check and explain all that apply) *If more room is needed, write the additional comments on back.*

- Allergies \_\_\_\_\_
- Medications (dosage and times) \_\_\_\_\_
- Counseling currently or in past 3 years and reason \_\_\_\_\_
- Depression or behavioral concerns \_\_\_\_\_
- History of any other medical conditions (please list and explain): \_\_\_\_\_

2. I give permission for my child \_\_\_\_\_  
to receive emergency medical treatment if the occasion arises should I, my spouse, or the designated person above  
not be available.

Parent's Signature: \_\_\_\_\_ | Date: \_\_\_\_\_

Address: \_\_\_\_\_ | Cellphone: \_\_\_\_\_