



German American National Congress

Deutsch-Amerikanischer National Kongress

D.A.N.K. Chapter 26, Chicago Northern Suburbs

DEUTSCHE SPRACHSCHULEN

www.chicagogermanschools.org

*DANK German Language Schools Chicago Northern Suburbs are a non-profit organization.
Our D.A.N.K. Schools do not discriminate by race, religion, age and country of origin.*

Emergency Information 2009/10

Please provide this information for all registered students prior to the first day of school:

Last Name _____					
First Name _____	Date of Birth (Child) _____	Medical Condition?		Allergies?	
_____	_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
_____	_____	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone () _____ **Cell Phone** () _____

Where can the parents be reached if they are not at home on Saturday morning/Monday evening?

Whom should we contact in the event of an emergency?

Name _____ **Phone** () _____

Address _____ **Cell** () _____

If you have indicated any medical condition or allergy – please provide us with more information.

Name of student _____

Please describe the medical condition or allergy _____

I understand that the school does not have a nurse or other staff person qualified to provide medical assistance on the premises. Its staff of teachers and officers is not authorized to dispense medications of any kind.

In the event of accident or illness, I request that the school notify me, the parent/guardian of the above-mentioned enrolled child/ren. If the school is unable to locate a parent/guardian, I request that they notify one of the two friends or relatives to whom I have granted permission to be responsible for my child's care in the absence of the parent/guardian. If it is not possible to contact the parent/guardian or the emergency contacts, I give permission to the school to make whatever arrangements necessary in the best interest of the child.

In the event of a medical emergency requiring immediate care, I authorize the school to place a 911 call to the local Emergency Medical Service in order to provide assistance to the student.

Date _____ **Signature of Parent/Guardian** _____