



**EMERGENCY CONTACT INFORMATION**

Special pick-ups not listed must have written permission, signed by parent/guardian.

**STUDENT NAME:****My child may be released to the following (other than parents) in case of illness and/or early dismissal:**

Name (other than Parent)	Relationship	Phone
Name (Other than Parent)	Relationship	Phone

**HEALTH INFORMATION**Does your child have allergies? YES  NO *Please check all that apply.* Uses Epi-Pen  Food  Medication  Insects Other (Please Describe) \_\_\_\_\_

\_\_\_\_\_

Does your child require medication while  YES  NO   
at CATN?

Note: This information may be accessible to school office personnel.

**If your child has asthma, diabetes, any chronic illness, or life threatening condition, please contact the CATN school nurse at 410-969-3100 ext. 221 to discuss specific plans for your child.**Are there any other factors to consider regarding your child? YES  NO  Please describe: \_\_\_\_\_

**IT IS ANNE ARUNDEL COUNTY FIRE DEPARTMENT POLICY THAT AMBULANCE DRIVERS GO TO THE NEAREST HOSPITAL.**  
 The Anne Arundel County Public School System does not discriminate on the basis of race, color, sex, national origin, religion, age, disability, sexual orientation or familial status in matters affecting employment or in providing access to programs.

**BACK OF  
EMERGENCY FORM**

OFFICE USE ONLY

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