

Rantoul Township High School
Emergency Form

Please complete and return to school office:

Student: _____ Grade: _____

Address: _____

Mother/Guardian: _____

Home #: _____ Cell #: _____ Work #: _____

Father/Guardian: _____

Home #: _____ Cell #: _____ Work #: _____

If Parents/Guardians can not be reached:

(Please make sure these people are notified that they will be contacted as emergency backup and are available to pick up your student(s) from school and take your student(s) home.)

Neighbor or other persons to contact- **Please Name Three**

1. _____ Relationship: _____ Phone No. _____

2. _____ Relationship: _____ Phone No. _____

3. _____ Relationship: _____ Phone No. _____

Primary Doctor: _____ Phone No. _____

Hospital Preference: _____

Consent to Treat

I hereby give my permission to Rantoul Township High School and its employees and agents to administer and coordinate emergency treatment if an accident or serious illness occurs at school and I cannot be located. I understand this may include basic first aid and CPR, and transportation to an emergency facility per ambulance. I hereby accept financial responsibility for transportation and treatment in the event such action is necessary. I acknowledge that this information will be shared with appropriate school staff when necessary to protect the health or safety of my student(s) or other persons.

Parent/ Guardian Signature: _____ **Date:** _____