



# Carbon Lehigh Intermediate Unit #21

4210 Independence Drive  
Schnecksville, PA 18078-2580

**Elaine E. Eib, Ed.D.**  
Executive Director

**Kimberly A. Talipan**  
Assistant to the Executive Director

610-769-4111  
800-223-4821  
Fax 610-769-1290  
www.cliu.org

 facebook.com/CarbonLehighIntermediateUnit21

 @CLIU21

 youtube.com/user/CarbonLehigh

## CONNECTED

**(EMERGENCY INFORMATION, PERMISSION TO RELEASE EMERGENCY FORM, AND MEDICAL DATA) (Please Print)**

**(Child's Last Name) (First) (Middle)**

(Street Address)

(City) (State) (Zip Code)

(Date of Birth)

(Telephone)

**(Teacher's Name)**

Please list emergency contacts who have agreed to be contacted with regard to the welfare of your child and who may be authorized to pick your child up from school or receive your child from transportation.

1.  
(Name)

(Address)

(Telephone)

2.  
(Name)

(Address)

(Telephone)

3.  
(Name)

(Address)

(Telephone)

**(Mother's/Guardian's Last Name) (First) (Middle)**

(Street Address)

(City) (State) (Zip Code)

(Mother's/Guardian's Home Telephone) (Mother's/Guardian's Cell Phone)

(Mother's/Guardian's Email Address)

(Mother's/Guardian's Employer)

(Employer's Telephone)

**(Father's/Guardian's Last Name) (First) (Middle)**

(Street Address)

(City) (State) (Zip Code)

(Father's/Guardian's Home Telephone) (Father's/Guardian's Cell Phone)

(Father's/Guardian's Email Address)

(Father's/Guardian's Employer)

(Employer's Telephone)

**(Medical History)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Helping Children Learn**

"CLIU is a service agency committed to Helping Children Learn."

(continued on next page)

Please do not print beyond this line.

Please do not print beyond this line.

**Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**CONNECTED**

(EMERGENCY INFORMATION, PERMISSION TO RELEASE EMERGENCY FORM, AND MEDICAL DATA, continued) (Please Print)

**PERMISSION TO RELEASE EMERGENCY FORM**

In case of an emergency, the CLIU will contact 911 emergency personnel.

I hereby give permission for the Emergency Form of my child to be given to the Medical Team in case of an Emergency.

- I give my permission
- I do not give my permission

\_\_\_\_\_  
Parent or Guardian Printed Name/Signature

\_\_\_\_\_  
Date

**MEDICAL DATA**

\_\_\_\_\_  
(Medications Child is Taking Now)

\_\_\_\_\_  
(Child's Physician/Pediatrician)

\_\_\_\_\_  
(Physician/Pediatrician's Address)

\_\_\_\_\_  
(Physician/Pediatrician's Telephone)

\_\_\_\_\_  
(Medical Insurance Policy Holder's Name)

\_\_\_\_\_  
(Medical Insurance Carrier)

\_\_\_\_\_  
(Medical Insurance or Medical Assistance #)

\_\_\_\_\_  
(Allergies or Chronic Problems (asthma, allergies, heart murmur, diabetes, etc.))

Please do not print beyond this line.

Please do not print beyond this line.