



Carbon Lehigh Intermediate Unit #21

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 @CLIU21

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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)

(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)

(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)

(Medical History)

Helping Children Learn

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

(continued on next page)

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.)

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Please do not print beyond this line.