

Please do not print beyond this line.

Carbon Lehigh Intermediate Unit #21

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CONNECTED

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

(Child's Last Name) (First) (Middle)	(Teacher's Name)
	Please list emergency contacts who have agreed to be contacted with
(Street Address)	regard to the welfare of your child and who may be authorized to pick your child up from school or receive your child from
(City) (State) (Zip Code)	transportation. THIS SECTION MUST BE COMPLETED. 1.
(Date of Birth)	(Name)
(Telephone)	(Address)
	(Telephone)
(Mother's/Guardian's Last Name) (First) (Middle)	2(Name)
(motile) southural s Last Maille) (1 list) (middle)	(Maine)
(Street Address)	(Address)
(City) (State) (Zip Code)	(Telephone)
	3.
(Mother's/Guardian's Home Telephone) (Mother's/Guardian's Cell Phone)	(Name)
(Mother's/Guardian's Email Address)	(Address)
(Mother's/Guardian's Employer)	(Telephone)
	(Medical History)
(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)	
(Employer 5 reichnoue)	

Helping Children Learn

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

<u>CONNECTED</u> (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)	
(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.)	
Original: Nurse Copy: Teacher Class File, Transportation, CLIU Student File	

DOB: _____

Please do not print beyond this line.

Child's Name: