

HCCS EMERGENCY CONTACT SHEET 2025-2026

PLEASE NOTIFY THE SCHOOL OFFICE WHENEVER THERE ARE ANY CHANGES!

We ask each family to fill out this form with **black ink**. We will make a copy and keep one on file near the phone in each school building. If we need to contact you in case of an accident, or for any other necessary reason, we will have a quick reference to the information we need.

SCHOOL POLICY: In case of an **emergency**, we automatically call the parents/guardians. If there is an accident of serious nature, the school will **FIRST** call the Rescue Unit and then the parents/guardians. That way you know your child is in good hands before you can make it to school.

Please list parents/guardians currently residing in the home.

First & Last Name of Father/Guardian

First & Last Name of Mother/Guardian

Mailing Address

[Residence, if **different** than mailing address]

Town

Zip Code

#

Parish

School District Residence

County of Residence

Distance from School

If student(s) is residing with one parent, you may list the other Parent's Name: _____

Contact Information

Name of Mom/Guardian:	Phone: _____ (Home) <input type="checkbox"/> Phone: _____ (Cell) <input type="checkbox"/> Phone: _____ (Work) <input type="checkbox"/> Email: _____	Employer: _____ Work days/times: _____
Name of Dad/Guardian:	Phone: _____ (Home) <input type="checkbox"/> Phone: _____ (Cell) <input type="checkbox"/> Phone: _____ (Work) <input type="checkbox"/> Email: _____	Employer: _____ Work days/times: _____
Other contact:	Phone: _____ (Home, Cell, Work) <input type="checkbox"/>	In the boxes to the right of the phone #'s, please indicate by number order the person/phone number we should call first, second, etc. in case of sickness and minor injuries.
Other contact:	Phone: _____ (Home, Cell, Work) <input type="checkbox"/>	

If we **cannot reach any of the above** and need to contact a **doctor/dentist**, may we do so? _____

Doctor: _____ Phone# _____ Town: _____
Dentist: _____ Phone# _____ Town: _____

List All Children residing in your household from birth through the 12th grade of current school year
(Please include all HCCS students and Howells-Dodge Consolidated students)

Full First Birth Name (& Last Name if different from yours)	First Name to be used by HCCS Staff	Grade	Age on Aug. 1 5 2025	Birthday Month/ Day/Year	Full First Birth Name (& Last Name if Different from yours)	First Name to be used by HCCS Staff	Grade	Age on Aug. 15 2025	Birthday Month/ Day/Year
1.					4.				
2.					5.				
3.					6.				

Over-the-counter medication (such as Tylenol, etc.) will NOT be provided by HCCS. Anytime you send medication to school with your child – **It must be labeled with the child's name, name of medication, dose, and time(s) to be given. All student medication must be kept in the possession of the teacher until the time to be administered.

*For the policy on all medications brought to school, please refer to the HCCS Handbook.

May we treat a minor scrape or cut? YES. NO. If no, please explain? _____

Please list each child attending HCCS with asthma/Allergy or other health problems and/or medications that we need to be aware of:

Please use the back side.

Student Name _____

Allergy/Health Problems _____

Medications _____

Student Name _____

Allergy/Health Problems _____

Medications _____

Student Name _____

Allergy/Health Problems _____

Medications _____

Student Name _____

Allergy/Health Problems _____

Medications _____