



Emergency Information

Must be completed by parent or guardian

School _____

Name of Student _____ Date of Birth _____

Grade _____ Teacher/Homeroom Teacher _____ Bus # _____

Student's Address _____

City _____ State _____ Zip Code _____

Sex M F Race _____

Mother/Guardian's Name _____ Home Phone _____

Mother/Guardian's Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

Mother/Guardian's Workplace _____ Work Phone _____

Father/Guardian's Name _____ Home Phone _____

Father/Guardian's Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

Father/Guardian's Workplace _____ Work Phone _____

Child lives with Mother Father Both Other (Specify) _____

If divorced, who has custody? Mother Father Joint Other (Specify) _____

CUSTODY ISSUES BETWEEN PARENTS MUST BE VERIFIED WITH LEGAL DOCUMENTATION IN THE SCHOOL OFFICE.

Please list names, grades and ages of any brothers and/or sisters: _____

Contact list: If your child becomes sick, injured, or has an immediate need at school, please list persons that you wish for us to contact. Please list them in order that you wish for them to be called. Please note if the number is a cell number (c), home phone (h), work phone (w), or list extension numbers.

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

4. Name _____ Phone _____

EMERGENCY INFORMATION, CONTINUED

Please list anyone who would NOT have legal permission to pick up your child from school.

STUDENT DAILY HEALTH INFORMATION

Please complete the following health information to assist us in providing appropriate medical attention if necessary:

List any health problems your child may have: _____

Allergies: _____

Activity Limitations _____

(Use the lower portion of this document or additional paper if needed for any of the above information)

Child's Physician _____ Phone _____

- In the event of an illness or injury, I hereby authorize the school to obtain emergency transportation for my child.
- I understand the school does not assume any financial responsibility for medical care or emergency transportation.
- I understand the above information will be treated confidentially and shared with staff on a need to know basis to ensure the health and safety of my child at school.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's E-mail Address _____