

EMERGENCY INFORMATION

Please Print:

Student's Full Name: _____ Date of Birth _____

| | |
|---|---|
| Legal Address: _____ Town: _____ State: _____ Zip: _____ | Mailing Address: _____ Town: _____ State: _____ Zip: _____ |
|---|---|

Can either parent be contacted? Mother Father Both Guardian(s) Relationship to Student _____

| Father/Guardian: | Mother/Guardian: |
|-----------------------------------|-----------------------------------|
| Name: _____ | Name: _____ |
| Place of Employment: _____ | Place of Employment: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |

List neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

| CONTACT NAME | RELATIONSHIP | PHONE | PHONE TYPE CELL, WORK, HOME |
|--------------|--------------|-------|--------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

FAMILY DOCTOR: _____ PHONE _____

FAMILY DENTIST: _____ PHONE _____

SPECIAL MEDICAL CONSIDERATIONS

Medications: _____

Any known allergies and/or disabilities? _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his instructions. If it is impossible to contact this physician the school may make whatever arrangements seem necessary to provide care and treatment for my child.

Signature of parent or guardian: _____ DATE _____

Remarks: _____