WESTSIDE ACADEMY

16-17 Emergency Kit Information

Dear Parents,

I know the beginning of the year is filled with paperwork. This form is important because it is kept in a portable file in the lab for emergency purposes. It is also available to any subs who are in the room and it is available whether or not our computers are up and running. Thank you for helping us keep your kids safe.

Student's	legal	name	
Juducht	1CSUI	nunic	

Date of Birth

M F gender

Full mailing address including zip code

Preferred email address(es). This is the email address you want automated progress reports to go to. More than one can be listed.

Please list medical conditions above that we need to be aware of.

Please list any medications that your child takes regularly or any serious allergies.

Phone Numbers (please list in priority order)

Priority	Phone Number	Who does this number belong to?	
1			
2			
3			
4			
5			
6			

Emegency Contacts

These are the people authorized to pick up your child from school if you can't be reached. **Please put in priority order.**

Priority	Phone Number	Full Name	Relationship?
1			
2			
3			
4			
5			
6			
7			

Please list any other important info. Be sure and list any specific people who should NOT EVER pick up your child.