



EMERGENCY INFORMATION UPDATE

STUDENT ID _____ GRADE _____ DATE _____

LAST NAME _____ FIRST NAME _____ M.I. _____

LIVES WITH (NAME) _____

PARENT/GUARDIAN STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

WORK PHONE _____

EMERGENCY CONTACT PERSON #1 _____ PHONE _____

EMERGENCY CONTACT PERSON #2 _____ PHONE _____

DOCTOR'S NAME _____ PHONE _____

PARENT SIGNATURE _____

INDIVIDUALS AUTHORIZED TO PICK UP MY STUDENT

**PLEASE RETURN TO THE COUNSELING OFFICE,
ALONG WITH A COPY OF A UTILITY BILL.**

Launching Learning to Last a Lifetime