

ELEMENTARY EMERGENCY NOTIFICATION INFORMATION

Student Information	Student Name: Last Name	First Name	Middle Name	Birth Date:	Grade:
	If there is a custody or parenting plan in effect, are there restrictions on the non-custodial parent contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, plan must be on file with the school.				
	Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, legal papers must be on file with the school.				
Restraining Order is against:					
Relationship to Student:					
Primary Household Information	Parent/Guardian #1 Name		Primary Phone:	Mobile Phone:	
	Employer		Work Phone:	Other Phone:	
	Parent/Guardian #2 Name		Primary Phone	Mobile Phone:	
	Employer		Work Phone:	Other Phone:	
Daycare Information	Day Care Contact				
	Day Care Address	Phone		Cell	
EMERGENCY CONTACTS					
When injury, illness or other emergency situations involving your child occur, we want to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian(s) listed on the Student Enrollment Form, list the persons you trust (first and last name) who are available during the day to provide care for your child. (Please provide non-resident parent information as an emergency contact if applicable).					
1.	Relationship to Student	Primary Phone		Second Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
2.	Relationship to Student	Primary Phone		Second Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
3.	Relationship to Student	Primary Phone		Second Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
4.	Relationship to Student	Primary Phone		Second Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
OUT-OF-STATE CONTACT					
Name:	Relationship to Student	Primary Phone		Second Phone	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
REGULAR DISMISSAL PROCEDURES					
My child's regular dismissal routine is (SELECT ONE):					
<input type="checkbox"/> bus home <input type="checkbox"/> parent pick up <input type="checkbox"/> walk home <input type="checkbox"/> alternate care					
Name and phone number of alternate care provider (if applicable):					
EMERGENCY DISMISSAL PROCEDURES					
On-Site Daycare Closes for Early Dismissals					
In the event of an unanticipated dismissal due to inclement weather, power outage, or other emergency, my child will (Please SELECT ONE option below):					
<input type="checkbox"/> bus home (this is only an option if student is a regular bus rider and buses are available)					
<input type="checkbox"/> parent pick up <input type="checkbox"/> walk home <input type="checkbox"/> alternate care pick up					
Name and phone number of alternate care provider (if applicable): _____					
Student Release Authorization: An emergency may require that we hold students at school for pickup. In that situation, we will release students only to the parents/guardians or those emergency contacts listed above.					
I authorize the school to release my student to the person(s) listed above.					
LEGAL PARENT/GUARDIAN SIGNATURE: _____ DATE _____					