

EMERGENCY INFORMATION

Please Print:

Student's Full Name: _____ Date of Birth _____

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