



Forest Lake Area Schools Emergency Information Form

General Information

Student Name		Perm ID	Gender	Grade
		Last Name Goes By	Nick Name	
Birth Date	Birth Place			
Home Phone	Home Language	Resolved Race/Ethnicity		
Home Address			Mailing Address	
Bus Routes: AM Bus: _____ AM K bus to home: _____ PM Bus: _____ PM K bus to school: _____ Day Care: _____				

Custodial Information

Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Not Listed <input type="checkbox"/> Contact Phone	

Health Conditions

Condition	Start Date
Comment	



Forest Lake Area Schools Emergency Contact Form

IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility

Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone
Name	Relationship	Home Phone	Work Phone	Other Phone

* = Release To Emergency Contact

Physician: _____ Phone: _____

- Specify health conditions/allergies _____
- Is your child on daily medication? Yes ____ No ____ Specify _____
- Recent surgery, accident or illness (past year) _____

PLEASE ENTER HEALTH INFORMATION ABOVE. PLEASE ENTER ANY OTHER ADDITIONS/CHANGES IN THE BLANK SPACE AT THE END OF THE FORM, (WHICH MAY BE ON THE BACK SIDE).

This form needs to be updated on an annual basis or with any health changes. If a health condition is serious enough to be life threatening, the parent/guardian is responsible for sharing necessary health information with programs that take place outside of the educational day, including but not limited to, the bus service, before and after school program staff, community education staff and PTA programs.

Your signature below gives permission to share health concerns with the appropriate school staff for your child's safety during the educational day and to secure emergency care for your child at an appropriate emergency facility.

Signature Parent/Guardian _____ Date _____