Waterloo Central School District

STUDENT EMERGENCY INFORMATION SHEET

Grade _____ Building _____ Date _____

Student's Name _____ Birthdate _____ M_____ F_____
LAST *FIRST* *Mo.* *Day* *Year*

Student Lives On _____

Student's Mailing Address _____

_____
Father's Name *Home Address* *Phone*

_____
Father's Cell Phone *Email Address*

_____
Father's Place of Employment *Address* *Phone*

_____
Mother's Name *Home Address* *Phone*

_____
Mother's Cell Phone *Email Address*

_____
Mother's Place of Employment *Address* *Phone*

Student lives with: _____ *both parents* _____ *Mother* _____ *Father* _____ *Other (*_____*)*

Custody: _____ *both parents* _____ *Mother* _____ *Father* _____ *Other (*_____*)*

Sitter: _____ _____ _____
Name *Address* *Phone*

In an Emergency when you cannot reach one of the above, I authorize the school to call:

_____
Name of Family Physician *Address* *Phone*

_____
Name of Preferred Hospital *Address* *Phone*

_____
Name of Dentist *Address* *Phone*

If none of the above can be reached, please call an available licensed physician or dentist or take my child to the nearest emergency first aid station by ambulance if necessary.

If my child has to be taken home because of a minor illness and I am not there or cannot be reached, please call:

_____
Name of Relative ***Home Address*** ***Phone***

_____
Name of Friend ***Home Address*** ***Phone***

EMERGENCY DISMISSAL ROUTINE:

In the event of school closing early due to an emergency, **your child will follow his/her regular dismissal routine unless specified below:**

Transport to (address) _____

Name _____ Phone _____

Please list any medical conditions your child has which require special handling in an emergency. _____

_____

_____

I understand that I am responsible for updating the school secretary with any changes in the above information.

_____
Signature of Parent or Legal Guardian