

EMERGENCY INFORMATION 2024-2025

PLEASE PRINT.

Grade: _____

Student's Name: _____

Address: _____ Home Tel. _____

City _____ Zip Code _____ Birth Date _____

Where parents/guardians can be reached between 7:30AM—3PM:

Mother: _____ Cell # _____

Work # _____

Email _____

Father: _____ Cell # _____

Work # _____

Email _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Tel. _____

Address _____ City _____

2. Name _____ Tel. _____

Address _____ City _____

Date _____

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 to follow their instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Local Physician's Name _____

Address: _____ City _____

Office Tel. _____ Other Tel. _____