

J-T Elementary Family Emergency Form

Date: _____

It may become necessary to send your child(ren) home before the regular school closing time due to illness, snow storm, fuel crisis, etc. We need to know where we can reach you, and, in your absence, where we may send your child. Please complete and return the following information to your child's teacher. You only need to fill out one form per family for the elementary building.

Please list names of **ALL** children living with you regardless of age.

Child's Name	Birthdate	Grade	Allergies
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Parent/Guardian the child(ren) live(s) with: _____

Address: _____ Home Phone: _____

Father's/Guardian's Employer: _____ Work Phone: _____

Occupation: _____

Work Address: _____

Mother's/Guardian's Employer: _____ Work Phone: _____

Occupation: _____

Work Address: _____

Family member/friend who can care for your child if he/she becomes ill or school is dismissed early:

Name: _____ Phone: _____

Relationship to student: _____

Address: _____

Physician to be called in an emergency: _____ Phone: _____

Address: _____

Hospital Preferred in Case of Emergency: _____

Thank you for the above information. It will help me to take better care of your child(ren).

Michelle Terwilliger, RN
Elementary School Nurse

