



# Emergency Information

Must be completed by parent or guardian

School \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Teacher/Homeroom Teacher \_\_\_\_\_ Bus # \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex  M  F Race \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian's Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian's Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father/Guardian's Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father/Guardian's Workplace \_\_\_\_\_ Work Phone \_\_\_\_\_

Child lives with  Mother  Father  Both  Other (Specify) \_\_\_\_\_

If divorced, who has custody?  Mother  Father  Joint  Other (Specify) \_\_\_\_\_

CUSTODY ISSUES BETWEEN PARENTS MUST BE VERIFIED WITH LEGAL DOCUMENTATION IN THE SCHOOL OFFICE.

Please list names, grades and ages of any brothers and/or sisters: \_\_\_\_\_

Contact list: If your child becomes sick, injured, or has an immediate need at school, please list persons that you wish for us to contact. Please list them in order that you wish for them to be called. Please note if the number is a cell number (c), home phone (h), work phone (w), or list extension numbers.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY INFORMATION, CONTINUED

Please list anyone who would NOT have legal permission to pick up your child from school.

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### STUDENT DAILY HEALTH INFORMATION

Please complete the following health information to assist us in providing appropriate medical attention if necessary:

List any health problems your child may have: \_\_\_\_\_

Allergies: \_\_\_\_\_

Activity Limitations \_\_\_\_\_

(Use the lower portion of this document or additional paper if needed for any of the above information)

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

- In the event of an illness or injury, I hereby authorize the school to obtain emergency transportation for my child.
- I understand the school does not assume any financial responsibility for medical care or emergency transportation.
- I understand the above information will be treated confidentially and shared with staff on a need to know basis to ensure the health and safety of my child at school.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's E-mail Address \_\_\_\_\_