



STUDENT EMERGENCY INFORMATION SHEET

Dear Parent/Guardian:

Please read and complete both sides of this form completely and return it to the main office as soon as possible. You will only need to complete one form per household. **If at anytime your information changes (i.e. emergency contact person, telephone numbers, address) contact the main office immediately.** This information is extremely important! Thank you.

Student's Name: _____	Grade: _____	Date of Birth: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Mailing Address: _____
 If different from Mailing Address
 Physical Address: _____

Parent/Guardian

Parent/Guardian #1 Name: _____ Relationship to Student: _____

Home Telephone: _____ Work Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Address if different from above: _____

Parent/Guardian #2 Name: _____ Relationship to Student: _____

Home Telephone: _____ Work Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Address if different from above: _____

Emergency Contact who will assume temporary care of child/ren if you cannot be reached.
You may also attach an additional list of people who can pick-up your child(ren) from school.

1.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone #: _____ Cell Phone #: _____

Address: _____

2.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone #: _____ Cell Phone #: _____

Address: _____

3.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone #: _____ Cell Phone #: _____

Address: _____

4.) Name _____ Relationship to Student: _____

Home Telephone: _____ Work Phone #: _____ Cell Phone #: _____

Address: _____

Physician Information

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make necessary arrangements for my child.

Physician's Name _____ Office Telephone: _____

Address: _____ Home Telephone: _____

Signature of Parent/Guardian:

Date:

Parent's Signature _____

Date: _____