



**STUDENT EMERGENCY INFORMATION SHEET 2014-15**

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 elementary main office immediately.** This information is extremely important! Thank you.

Student's Name:	Teacher:	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: \_\_\_\_\_

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.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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Physician's Name \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

We are continuing to use the Synrevoice system to contact parents in the event of an emergency evacuation or snow closing. The Synrevoice system can contact up to 3 phone/e-mail addresses. Please provide the numbers/e-mail address you would like to be contacted at during school hours. Please remember this is an automated system, if you provide us with a work number that is not a direct number to you, it will leave a message with the person who answers the phone.

1.) Phone Number/E-Mail Address: \_\_\_\_\_

2.) Phone Number/E-Mail Address: \_\_\_\_\_

3.) Phone Number/E-Mail Address: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_