

Student Emergency Information Form

Family Name: _____

	<u>Student First Name</u>	<u>Grade</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Parent/Guardian

Parent/Guardian

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

City/Zip: _____

City/Zip: _____

Home # : _____

Home # : _____

Cell #: _____

Cell #: _____

Work # : _____

Work # : _____

Email: _____

Email: _____

Emergency Contacts

Please indicate who should be contacted in case of emergency:

Caregiver/Babysitter: _____
Name Phone Number

List two neighbors or relatives who will assume temporary care / responsibility of your children if you cannot be reached.

	<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>	<u>Cell #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

If emergency treatment is required, I authorize the school to make the necessary arrangements to assist in the well-being of my child, including calling 911 and transporting my child to the nearest hospital.

Parent Signature

Print Name

Date

Parent Signature

Print Name

Date

In the event of an early dismissal due to snow or other emergency, my children should follow these directions: