

PLEASE FILL OUT ONE OF THESE FORMS FOR EACH CHILD

STUDENT EMERGENCY FORM

STUDENT/S NAME _____ SEX ___ GRADE _____ DOB _____

HOME ADDRESS _____

HOME EMAIL ADDRESS _____

MOTHER'S NAME _____

HOME ADDRESS _____ PHONE _____

WORK PLACE _____ PHONE _____

CELL PHONE _____

FATHER'S NAME _____

HOME ADDRESS _____ PHONE _____

WORK PLACE _____ PHONE _____

CELL PHONE _____

Please list two people we can contact in an emergency if we are unable to reach you. The child's parent/guardian will always be the first person contacted in event of sickness, etc.

EMERGENCY CONTACT #1 _____

RELATIONSHIP TO CHILD _____ PHONE _____

EMERGENCY CONTACT #2 _____

RELATIONSHIP TO CHILD _____ PHONE _____

(Contacts should be someone we can reach during the day, either at work or home, and who are able to pick the child up in the event of sickness, injury, etc.)

DOCTOR _____ HOSPITAL _____ PHONE _____

IF NONE OF THE ABOVE CAN BE REACHED, WHAT DO YOU WISH THE SCHOOL OFFICIALS TO DO IF YOUR CHILD IS ILL OR INJURED?

(If an emergency occurs of urgent nature and the parent/guardian can not be reached, the school reserves the right to request ambulance service for transportation and use best judgment for decisions in regard to treatment.)

List any allergies: _____

Does your child ride a bus? _____ Yes ___ No

If yes, list bus number and driver's name _____

Which school district? _____

(Please contact your district office to make arrangements for bussing.)