

**EMERGENCY FORM**

2018-2019

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ HR \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race: (circle one) W B H O Sex: M \_\_\_ F \_\_\_

Address \_\_\_\_\_ Apt #/Floor \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

*Please list on the back of this form any medical and/or personal information you would like the main office to be aware of.*

**PARENT/GUARDIAN**

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Pager/Cell \_\_\_\_\_

Pager/Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACTS**

(Must be at least 18 years old)

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

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Pager/Cell \_\_\_\_\_

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

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Pager/Cell \_\_\_\_\_

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

Relationship to Student \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Pager/Cell \_\_\_\_\_

***Reminder-If your child needs to leave school early or will be picked up at the end of the day be sure to send a note in with your child.***

*Please notify the school if any of the above information changes during the school year.*