

EMERGENCY FORM

2010-2011

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.