

Emergency and Contact Information Form

Student ID# _____

Grade: _____
Gender: M/F

Please Print Legibly

Student: _____
Last
First
Middle

Birth Date: ____/____/____
MM/DD/YYYY

Residence Address: _____
Street
City
Zip

Car Rider: _____

Mailing Address: _____
(If different than residence)
Street/PO Box
City
Zip

Walker: _____

Email Address: _____

Home Phone Number: _____ - _____ - _____

Unlisted: _____

At which telephone number would you like to be contacted if your student is absent? (____) (____) - _____

This phone number MUST be a phone number for Contact #1 or Contact #2 listed below.

Must include a minimum of 4 contact numbers in case of an emergency.

Contact #1 Must be Parent or Guardian	Contact 1 Parent/Guardian	Contact 2	Contact 3	Contact 4
Relation to Student: Circle One*	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____
First Name:				
Last Name:				
Home Phone:				
Cell Phone:				
Work Phone:				
Preferred Number to Call: *Circle One*	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work
Notify in Emergency:	Y or N	Y or N	Y or N	Y or N
Pick Up Allowed:	Y or N	Y or N	Y or N	Y or N
Records Access Allowed:	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed at School	Y or N	Y or N	Y or N	Y or N

Parental Consent

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed above. In the event the adults listed above cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child. **When necessary, and in the event that I or any adult listed above cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room.** Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for emergency medical services fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but where he/she is unable to remain at school, I request to arrange transportation/care for my child until I can be reached.

I understand that it is my responsibility to notify my child's school of any changes in the information recorded on this card and to provide the school with information if there are any custody restrictions involving my child.

I certify that the information provided on this Emergency Information Card is accurate, true and correct.

Date _____

Parent/Guardian Signature _____

Additional Contacts	<u>Contact 5</u>	<u>Contact 6</u>	<u>Contact 7</u>	<u>Contact 8</u>
Relation to Student: *Circle One*	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____	Mother Father Guardian Other: _____
First Name:				
Last Name:				
Home Phone:				
Cell Phone:				
Work Phone:				
Preferred Number to Call: *Circle One*	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work	Home / Cell / Work
Notify in Emergency:	Y or N	Y or N	Y or N	Y or N
Pick Up Allowed:	Y or N	Y or N	Y or N	Y or N
Records Access Allowed:	Y or N	Y or N	Y or N	Y or N
Lives With	Y or N	Y or N	Y or N	Y or N
Personal Contact Allowed at School	Y or N	Y or N	Y or N	Y or N