



2010-2011 SCHOOL EMERGENCY FORM

Please notify the school office if there is any change in your contact information during the school year.

Student Name: _____

Date of Birth: _____ Female: _____ Male: _____

Address: _____

Home Phone: _____

Mother's Name: _____

Father's Name: _____

Child lives with: Mother: _____ Father: _____ Other (Name): _____

Marital Status of Parents: Married: _____ Divorced: _____ Separated: _____
The school office must be notified regarding custody issues. Unless notified otherwise the school will assume the child may be released to either parent at dismissal or in the case of illness or emergency.

Place of Employment:

Mother Business
Name: _____

Phone# _____ Ext#: _____ Cellular#: _____

Father Business
Name: _____

Phone# _____ Ext#: _____ Cellular#: _____

Who is authorized to pick your child up from school?

Name: _____ relationship: _____

Name: _____ relationship: _____

EMERGENCY CONTACTS

Three names and numbers must be listed. These individuals will be contacted and are assumed to have permission to pick the child up from school in the case of illness or emergency.

Name: _____

Relationship to child: _____

Address: _____

Phone#: _____ Other#: _____
(Beeper/Cel l ul ar)

Name: _____

Relationship to child: _____

Address: _____

Phone#: _____ Other#: _____
(Beeper/Cel l ul ar)

Name: _____

Relationship to child: _____

Address: _____

Phone#: _____ Other#: _____
(Beeper/Cel l ul ar)

Does student need to take medication during school hours? _____

Does the student suffer from any health related issues the school needs to be aware of? _____

If yes, kindly contact the school office to discuss the issue with the administration.

Does student wear glasses? _____

ADDITIONAL INFORMATION: Please list any information you feel the school should have regarding you child.
