



EMERGENCY INFORMATION

School _____
Grade _____
Teacher _____

Please complete the following data. All information in this document will remain confidential and will only be made available on a need to know basis to those individuals who are involved in providing for your child's educational and health needs.

Student Name: _____ Date of Birth: _____ Gender: _____

Home Address: _____ Mailing Address: (if not physical address) _____

Is the above home/apartment owned or rented by the parent(s)/guardian(s): Yes No

Military Dependent: No Active Duty National Guard Reserves Retired

Ethnicity: Hispanic Yes No

Race: (Check all that apply) Amer. Indian/Alaskan Native Asian Black Pacific Islander White

Transportation:

My child's to and/or from school transportation will be: Bus # _____ home Bus # _____ Day Care/Child Care Provider Car Rider
 Walk/Bike Day Care Transportation

Parent/Guardian Data: All phone notifications will be sent to the home and cell numbers of BOTH parent/guardians. Work and 'Other' numbers receive only emergency notifications. Please mark the appropriate Yes/No boxes as well as the call order (1, 2 or blank for 'not to call')

Parent/Guardian ONLY: _____ Call Order: _____ Relationship: _____

Has Custody: Yes No Lives with: Yes No Gets Mailings: Yes No Has Permission to Pick Up: Yes No

Phone 1: _____ Home Phone 3: _____ Cell
Phone 2: _____ Work Phone 4: _____ Other
Email Address: _____

Parent/Guardian ONLY: _____ Call Order: _____ Relationship: _____

Has Custody: Yes No Lives with: Yes No Gets Mailings: Yes No Has Permission to Pick Up: Yes No

Phone 1: _____ Home Phone 3: _____ Cell
Phone 2: _____ Work Phone 4: _____ Other
Email Address: _____ Address (if other than home address above): _____

Emergency Contacts: To be contacted other than Parent/Guardian - please mark the appropriate Yes/No box for 'Has Permission to Pick Up', provide Relationship and as many contact numbers as available for each. They must have a contact number to be called, as well as Yes marked to be able to pick your child up from school. They will be called in the order you list.

Emergency Contact 1: _____ Relationship: _____
Phone 1: _____ Home Phone 2: _____ Cell
Phone 3: _____ Day/Work Has Permission to Pick Up: Yes No

Emergency Contact 2: _____ Relationship: _____
Phone 1: _____ Home Phone 2: _____ Cell
Phone 3: _____ Day/Work Has Permission to Pick Up: Yes No

Emergency Contact 3: _____ Relationship: _____
Phone 1: _____ Home Phone 2: _____ Cell
Phone 3: _____ Day/Work Has Permission to Pick Up: Yes No

In an emergency situation if the school cannot locate any of the emergency contacts, school personnel will use judgment and make necessary arrangements.

Legal Alert (i.e. custody agreement, protective order, etc.) with Documentation Paperwork in school office: Yes _____

Medical Alerts with paperwork completed with nurse: Yes _____

Parent/Guardian Signature: _____ Date: _____