

STUDENT EMERGENCY FORM 2010 – 2011

| LAST NAME | FIRST NAME | MI | DATE OF BIRTH (Month/Day/Year) | GRADE |
|-----------|------------|----|-----------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |

| Mother's Name | Street Address | City | Zip Code | Home Phone Number |
|---------------|----------------|------|----------|-------------------|
| | | | | |

| Mailing Address If Different | Cell Phone Number |
|------------------------------|-------------------|
| | |

| Employer's Name | Street Address | City | Zip Code | Work Phone Number |
|-----------------|----------------|------|----------|-------------------|
| | | | | |

| Father's Name | Street Address | City | Zip Code | Home Phone Number |
|---------------|----------------|------|----------|-------------------|
| | | | | |

| Mailing Address If Different | Cell Phone Number |
|------------------------------|-------------------|
| | |

| Employer's Name | Street Address | City | Zip Code | Work Phone Number |
|-----------------|----------------|------|----------|-------------------|
| | | | | |

E-Mail Address _____

If school cannot contact a parent, name a friend or relative who may be called upon if the child is ill.

| Name of Friend /Relative | Relationship | Telephone Number |
|--------------------------|--------------|------------------|
| | | |

| Doctor's Name | Address | City | Telephone Number |
|---------------|---------|------|------------------|
| | | | |

| Dentist's Name | Address | City | Telephone Number |
|----------------|---------|------|------------------|
| | | | |

If none of the above can be contacted what do you wish the school to do if your child is sick or injured?

Although the above recommendations of the parent will be respected as far as possible, I understand that the judgment of the school authorities will prevail in an emergency.

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|