

STUDENT EMERGENCY FORM 2011 – 2012

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
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