

EMERGENCY INFORMATION



SCHOOL YEAR _____ - _____

STUDENT(S) LIVE WITH: BOTH PARENTS MOTHER ONLY FATHER ONLY
FAMILY LAST NAME _____

1. STUDENT NAME _____ GRADE _____ ALLERGIES AND/OR MEDICAL CONDITION _____

2. STUDENT NAME _____ GRADE _____ ALLERGIES AND/OR MEDICAL CONDITION _____

3. STUDENT NAME _____ GRADE _____ ALLERGIES AND/OR MEDICAL CONDITION _____

4. STUDENT NAME _____ GRADE _____ ALLERGIES AND/OR MEDICAL CONDITION _____

FATHER'S NAME (LAST NAME, FIRST NAME) _____ HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

HOME ADDRESS (NUMBER, STREET, CITY, ZIP CODE) _____

FATHER'S EMAIL ADDRESS _____ WORK PHONE NUMBER _____

MOTHER'S NAME (LAST NAME, FIRST NAME) _____ HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

HOME ADDRESS (NUMBER, STREET, CITY, ZIP CODE) _____

MOTHER'S EMAIL ADDRESS _____ WORK PHONE NUMBER _____

TWO EMERGENCY CONTACTS THAT CAN PICK-UP STUDENT(S) IN THE EVENT OF
AN EMERGENCY OR EVACUATION WHEN PARENTS ARE NOT AVAILABLE
(ADDITIONAL EMERGENCY CONTACTS MAY BE LISTED AT THE BACK)

1. EMERGENCY CONTACT _____ RELATIONSHIP TO STUDENT _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____

2. EMERGENCY CONTACT _____ RELATIONSHIP TO STUDENT _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____