

EMERGENCY INFORMATION



SCHOOL YEAR _____ ---- _____

FAMILY LAST NAME

STUDENT(S) LIVE WITH: ☐ BOTH PARENTS ☐ MOTHER ONLY ☐ FATHER ONLY

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
5. STUDENT NAME	GRADE	ALLERGIES AND/OR MEDICAL CONDITION

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

FATHER'S NAME (LAST NAME, FIRST NAME)

HOME PHONE NUMBER

CELL PHONE NUMBER

FATHER'S EMAIL ADDRESS

WORK PHONE NUMBER

MOTHER'S NAME (LAST NAME, FIRST NAME)

HOME PHONE NUMBER

CELL PHONE NUMBER

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