

STUDENT EMERGENCY FORM

IF THERE IS NO CHANGE TO YOUR CONTACT INFORMATION FROM LAST YEAR, INCLUDING PHONE NUMBER, PLEASE CHECK THIS BOX AND SIGN BELOW. YOU DO NOT NEED TO COMPLETE THIS FORM.

Student's legal name: _____
Last M.I. First

Present address: _____ City: _____ Zip: _____
House # Street

P.O. Box _____ Grade: _____ Sex: M ___ F ___ Birth date: _____

Father/Male Guardian: _____
Last Name First Relationship to Student

Father's
Employer: _____
Name Town or City Phone Number

Mother/Female Guardian: _____
Last Name First Relationship to Student

Mother's
Employer: _____
Name Town or city Phone Number

With whom does the student reside (Relationship) _____

Home phone #: _____ Cell Phone # _____

1st Emergency Contact: _____
Name Phone Number

2nd Emergency Contact: _____
Name Phone Number

EMERGENCY CONSENT FORM

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may contact an alternate physician, in order to provide needed medical treatment.

Parent Signature: _____ Date: _____

Local Physician's Name _____

Address _____

Office Telephone _____ Home Telephone _____