

Emergency Information: Student's Name: _____ Age: ____

Grade: _____ DOB: _____ SS# _____ Home Phone: _____

Home Address: _____

Mother/Guardian: _____ Home: _____ Cell: _____ Work: _____

Father/Guardian: _____ Home: _____ Cell: _____ Work: _____

If not at home, where can you be reached? School: _____ Pager: _____ Other: _____

In the event of accident, illness, or emergency, the school will contact you. Please list three adults that you authorize to pick up your student and assume temporary responsibility if you cannot be reached.

Name: _____ Relationship to Student: _____

Cell: _____ Work: _____ Home: _____

Name: _____ Relationship to Student: _____

Cell: _____ Work: _____ Home: _____

Name: _____ Relationship to Student: _____

Cell: _____ Work: _____ Home: _____

Medical Information: Local Physician: _____ Phone: _____

Medical Insurance: Group: _____ Policy #: _____

Known Allergies: _____ Current Medications:
