

EMERGENCY FORM

School Year 20____ - 20____

Office Use Only	
Grade _____	Last Initial _____

* PLEASE FILL OUT COMPLETELY AND ACCURATELY, AS THIS INFORMATION WILL BE USED IF YOUR CHILD BECOMES INJURED OR IS IN NEED OF MEDICAL ATTENTION.

* PLEASE LIST CHILDREN FROM OLDEST TO YOUNGEST

Last Name	First Name	Middle Initial	Grade	Birthdate	E-mail (Student)

PRIMARY FAMILY INFORMATION:

Parent's Names: _____

Address: _____

E-mail address (family / work): _____ None:

Please number the following information in the order you would want to be contacted in case of an emergency:

- () Home Number: _____
- () Mother's Work Number: _____ () Father's Work Number: _____
- () Mother's Cell Phone Number: _____ () Father's Cell Phone: _____
- () Emergency Contact: _____
Name Relationship to student Phone

In the event that your child has an accident or serious illness and we are unable to contact you, we need the name of another responsible adult we can call. This person must be available to pick up your child from school in the event that he/she becomes injured or ill and we have been unsuccessful in reaching you. Please be sure to let this person know that you have listed them as the "contact person" for your child(ren). They will be contacted should we be unable to reach you.

In the event that neither you nor your emergency contact cannot be reached, please list a physician which the school may contact and follow his or her instructions. **If your physician cannot be reached, the school will make whatever arrangements are necessary.**

Physician's Name Phone Address

In case of dental emergency (and I cannot be reached) the school has my permission to call the dentist listed below. The care of the student will then be left to the discretion of the dentist.

Dentist's Name Phone

Out of state Emergency Contact: (only used in case of mass disaster)

Name Relationship Phone State

