

## STUDENT EMERGENCY DATA

Student Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Student lives with: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Please list address of parent with whom child does NOT reside. Receive copies of report cards/correspondence?  Yes  No

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**IN CASE OF AN EMERGENCY OR EARLY DISMISSAL CALL:** ( ) \_\_\_\_\_

Other Emergency Contacts:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Has permission to pick up  YES  NO

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Has permission to pick up  YES  NO

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Has permission to pick up  YES  NO

If none of the above can be contacted, what do you wish the school to do if the child is sick or injured? \_\_\_\_\_

Allergies and other medical notes/alerts: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: ( ) \_\_\_\_\_

Please list siblings:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Although the above recommendation of the parent will be respected as far as possible, I understand that, in the final disposition of an emergency case, the final judgment of the school authorities will prevail. Anytime the above information must be changed, I will notify the Principal in writing.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_