Emergency Information Form

PLEASE PRINT

Student's Name:_____ _____ Grade:_____
Last Name First Name

Student's Home Address: _____

_____

_____

Home phone number _____ _____
area code telephone number

Mother's Name: _____ Father's Name:_____

Occupation/Title:_____ Occupation/Title:_____

Place of Employment:_____ Place of Employment _____

Work Phone:_____ Work Phone:_____

Cell Phone:_____ Cell Phone:_____

E-Mail Address:_____ E-Mail Address:_____

Emergency Contacts

In the event that your child becomes ill at school, you will be called first. If we are not able to reach you, we will call the following people on your list until we find someone who can pick up your child. Please list the name and phone numbers of family or friends who might be contacted to pick up your child. Good neighbors and friends who are located near to the school are often useful contacts.

Name	Relationship	Day-time phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____