

**EMERGENCY INFORMATION**

School Year \_\_\_\_\_

**STUDENT'S NAME** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Homeroom/Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Bus No. \_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ May we contact you by email? yes \_\_\_ No \_\_\_

**Primary Contact Person** \_\_\_\_\_ **Place of Occupation** \_\_\_\_\_

**Home phone ( )** \_\_\_\_\_ **Work phone ( )** \_\_\_\_\_ **Cell phone ( )** \_\_\_\_\_

**Secondary Contact Person** \_\_\_\_\_ **Place of Occupation** \_\_\_\_\_

**Home phone ( )** \_\_\_\_\_ **Work phone ( )** \_\_\_\_\_ **Cell phone ( )** \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_ **Custody Alert** \_\_\_yes \_\_\_ No

*In the event the primary and secondary person can't be reached, who can we contact to pick up your child?*

Contact Person	Relationship	Home phone	Work phone	Cell phone
1)				
2)				
3)				
Sibling's Name	D.O.B.	School		

**MEDICAL INFORMATION**

**Physician** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

*Please list any health problems or allergies, or physical limitations the school should be aware of:*

**\* Any over the counter medications or prescription that need to be taken at school requires a physician order**

*Please list any medications your child is taking at home or school:*

*If your child was hospitalized during the past year, please give date and reason:*

**MEDICAL EXCUSES: A physician's note is required to be excused from gym after 2 missed classes. If the MD note excludes from gym, it also excludes recess. A note from the MD is required to be released from this restriction. Crutches require a MD order.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

