

STUDENT EMERGENCY INFORMATION SHEET 2016-2017
IF YOUR CHILD HAS A LEGALLY RESTRICTED PARENT PLEASE NOTIFY THE OFFICE

STUDENT FULL NAME (First, Middle, Last)

STUDENT'S BIRTHDATE

DISTRICT PROVIDES _____
STUDENT ID NUMBER

PARENT (GUARDIAN) NAME - (FATHER, ETC)

CELL NUMBER

PLACE OF EMPLOYMENT & SUPERVISOR

WORK NUMBER & EXTENSION

PARENT (GUARDIAN) NAME - (MOTHER, ETC)

CELL NUMBER

PLACE OF EMPLOYMENT & SUPERVISOR

WORK NUMBER & EXTENSION

Home Telephone # _____

Mailing Address _____

Directions to your home FROM the school, _____

Who is your nearest neighbor? _____

Will your child be riding the bus? Yes No

In the event of an accident, illness or need for additional clothing, whom would you like us to contact?

1ST CONTACT'S NAME Goes By (Nana- etc.)

Telephone Number

2ND CONTACT'S NAME Goes By (Nana- etc.)

Telephone Number

Physician _____ Number _____

Hospital Preference _____

Any allergies to foods, medications, insect bites or stings we should know about _____

My child had the following childhood diseases (chicken pox M/D/Y) _____

The following people may pick my child up from school at dismissal time. (day care, grandparent, etc)

NAME	VEHICLE DESCRIPTION
_____	_____
_____	_____
_____	_____

If you would like to receive electronic information from your child's teacher or the school please list your e-mail address _____.