

EMERGENCY INFORMATION

STUDENT INFORMATION

PLEASE PRINT INFORMATION

Last Name	_____	First	_____	Middle Initial	_____
Address	_____			Additional Address	_____
City	_____	State	_____	Zip Code	_____
Sex	_____	Birth Date	_____	Grade	_____
Ethnic	(Choose one: Indian, Black, Asian/Pacific, Hispanic, White, Multiracial, Native American)				
Resides with	(Choose one: Parents, Mother Only, Father Only, Guardian, Foster Parent)				
Date Enrolled	_____	Last School Attended	_____	City	_____
AM Bus #	_____	Bus Driver	_____	PM Bus #	_____
				Bus Driver	_____

CUSTODIAL CONTACT INFORMATION: (i.e. Mother & Father, etc.)

Name	_____	Relationship	_____
Address	_____		
Home Phone	_____	Cell Phone	_____
Work Phone	_____	E-mail address	_____

WORK INFORMATION:

Father's Employer	_____	Work Phone:	_____
Mother's Employer	_____	Work Phone:	_____

NON-CUSTODIAL or EMERGENCY CONTACT INFORMATION: (NOT LIVING WITH STUDENT)

Name	_____	Relationship	_____
Address	_____		
Home Phone	_____	Cell Phone	_____
Work Phone	_____		

EMERGENCY CONTACT INFORMATION: (NOT LIVING WITH STUDENT)

Name	_____	Relationship	_____
Address	_____		
Home Phone	_____	Cell Phone	_____
Work Phone	_____		

STUDENT HEALTH INFORMATION:

Please describe any health problems your child has in the space below. Include any allergies, heart problems, asthma, diabetes, orthopedic problems, epilepsy, chronic illness, major accidents, injuries, major surgeries, etc.
BE AS SPECIFIC AS POSSIBLE. If there are no problems, write the word NONE.

Please list any medications that your child is taking:

Family Physician _____ Phone Number _____

Personnel of the School District are authorized to use their discretion to secure the necessary medical services for my child. When in the case of a serious medical emergency the school is unable to contact parent or guardian, the school may call an ambulance or make whatever arrangements seem necessary without involving the school in any financial obligation. In case of a less serious emergency, the school will contact the parents at home or at work at once. The information listed on this form will be made available to faculty and administration.
PLEASE PROVIDE DATE. TETANUS BOOSTER _____

Date _____

Signature of Parent/Guardian _____

Revised: 8/28/12

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