

Emergency Information Sheet

Student's Name _____ Grade _____ Birthdate _____

Parent's Address: _____

Home Telephone: _____
Email Address: _____

Please print my home telephone number in the Family Phone List? Yes _____ No _____

Please print my email address in the Family Phone List? Yes _____ No _____

Father's Name _____ Mother's Name _____
Place of Employment _____ Place of Employment _____
Work Phone Number _____ Work Phone Number _____
Cellular Number _____ Cellular Number _____

In the event that a Parent can not be reached, Call the following people in this order.

Name _____ Relationship to the Student _____ Phone _____

Primary Care Physician _____ Address _____ Phone _____

Insurance Company _____

Medications (Taken on a regular basis)

| Student Name | Medication | Reason |
|--------------|------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Allergies

Student Name _____ Allergy _____

Daily Pick Up

If you have a child/children in grades K-2, please list who will be picking him/her up each day after school.

Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____

Family name _____