



Student Emergency Information 2020-2021

Student's Name _____

DOB _____ M/F _____ Grade _____ Teacher _____

	Parent/Guardian 1	Parent/Guardian 2
Name	_____	_____
Address	_____ _____	_____ _____
Employer	_____	_____
Work #	_____	_____
Cell #	_____	_____
Email	_____	_____

When Parents cannot be reached call the following:

	#1	#2	#3
Name:	_____	_____	_____
Cell #	_____	_____	_____
Phone #	_____	_____	_____
Relationship	_____	_____	_____

Medical Information:

Physician:	_____	Phone # _____
Dentist:	_____	Phone # _____
Preferred Hospital:	_____	

EMERGENCY DISMISSAL INFORMATION

In the event of the need to utilize an Emergency Dismissal from school, Parents/Guardians will be called first to pick up their child(ren). If parents/guardians are unable to be reached, the Emergency Contacts listed on the first page will be contacted for pick up.

1. Student can walk home: Yes _____ No _____
2. Student can take the bus home (*IF AVAILABLE*): Yes _____ No _____
3. Student will be picked up by emergency contact person(s): Yes _____ No _____

I have informed my child(ren) to follow these instructions: Yes _____ No _____

Parent Signature: _____ Date: _____

Please contact the school office with any changes and share any health changes with the school Nurse.