

Student Emergency Information 2022-2023

Student's Name _____

DOB: _____ **M/F:** _____ **Grade:** _____ **Teacher:** _____

| | Parent/Guardian Call 1st | Parent/Guardian Call 2nd |
|----------|--|--|
| Name | _____ | _____ |
| Address | _____ | _____ |
| | _____ | _____ |
| Employer | _____ | _____ |
| Work # | _____ | _____ |
| Cell # | _____ | _____ |
| Email | _____ | _____ |

When Parents cannot be reached call the following:

| Call | #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.

| | YES | NO |
|--|------------|-----------|
| Student can walk home | | |
| Student can take the bus • if available | | |
| Student will be picked up by emergency contact person(s) | | |
| I have informed my child to follow these instructions. | | |

Parent Signature: _____

Date: _____

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