

DUE Before 1st School Day

(one for each child)

Child's _____

PRINT

first name

last name

STUDENT EMERGENCY INFORMATION

WE NEED TO BE ABLE TO REACH YOU. PLEASE KEEP THIS INFORMATION CURRENT!

Please **PRINT, sign, date** and **return** this form to the office **by September 6th, 2017**

DOB _____ M/F _____ Grade & Teacher _____ (ex.: 3S /Mrs. Schauber)

	Parent(s) living with student	Parent at different address
	<u>MOTHER</u>	<u>FATHER</u>
Name	_____	_____
Address	_____ _____	_____ _____
Employer	_____	_____
Work #	_____	_____
Home #	_____	_____
Cell #	_____	_____
e-mail	_____	_____

WHEN PARENTS CANNOT BE REACHED, CALL THE FOLLOWING: *Please Print*

	<u>#1</u>	<u>#2</u>
Name	_____	_____
Phone #	_____	_____
Cell #	_____	_____

DOCTOR/DENTIST/HOSPITAL INFORMATION: *Please Print*

Doctor:	_____	Phone # _____
Dentist:	_____	Phone # _____
Preferred Hospital:	_____	

Parent Signature: _____ **Date:** _____

Call the Main Office with changes. Share any health concerns with the Nurse.