

# DUE Before 1<sup>st</sup> 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 5<sup>th</sup>, 2018

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.