

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 8th, 2020

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.