

EMERGENCY & PARENT ALERT INFORMATION

Please fill out the form by PRINTING LEGIBLY and return to the school office.

Check boxes for information you want included in the Student Directory.

STUDENT SECTION

Student Name: _____ Grade: _____ Date: _____

Home Phone: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Allergies or Remarks: _____

FATHER'S SECTION

Father's Name: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Home Address (IF DIFFERENT FROM ABOVE): _____

City: _____ State: _____ Zip: _____

MOTHER'S SECTION

Mother's Name: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Home Address (IF DIFFERENT FROM ABOVE): _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACTS' SECTION

List two people who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____

2. Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem to be necessary.

Physician's Name: _____ Phone: _____

Parent's / Guardian's Signature: _____ Date: _____