

Emergency Information Form.

Grade _____

Name _____ Student Cell Phone _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Father's Name _____ Work Phone _____

E-Mail Address _____ Cell Phone _____

Mother's Name _____ Work Phone _____

E-Mail Address _____ Cell Phone _____

Emergency contact other than parents _____

Relationship to student _____

Phone for contact person _____

Doctor's Name _____ Phone _____

Medical problems, if any _____

Allergies _____

If applicable, please complete step-parent information below. THANK YOU.

Does student reside with both parents?

YES NO

If not, name of custodial parent with whom student resides:

Name of non-custodial parent:

May student be released to non-custodial parent?

YES NO

Please return this form to the school by 8/1/18