

Student Information/Emergency Contact Form

Student Information:

Name:

Address w/City, State, Zip:

Home Phone:

Date of Birth:

Sex – (M/F):

Teacher (if applicable):

Emergency Contact/Pick-up Information: *in the event that a **PARENT is NOT available** at the time of an emergency, the individuals listed below have authorization to pick up my child and can be reached at the numbers listed. If it is deemed a medical emergency, the student will be taken to the nearest hospital.*

Name/Relationship:

Home Phone/Cell Phone:

Name/Relationship:

Home Phone/Cell Phone:

Health Information:

Physician's Name/Number:

Medical/Health Alert(s):

Parent/Guardian #1:

Name:

Email:

Home Address:

Relationship:

Resides With: Y or N

Home Phone:

Cell Phone:

Employer's Name:

Employers Phone number:

Parent/Guardian #2:

Name:

Email:

Home Address:

Relationship:

Resides With: Y or N

Home Phone:

Cell Phone:

Employer's Name:

Employers Phone number:

Parent/Guardian Signature

Date