

## EMERGENCY INFORMATION

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PLEASE PRINT

**Name** \_\_\_\_\_  
STUDENT'S LAST NAME    PARENTS' LAST (IF DIFFERENT)    FATHER'S FIRST    MOTHER'S FIRST

**Students' First Names:** \_\_\_\_\_  
\_\_\_\_\_

**FATHER**

**MOTHER**

Address _____	Address _____
_____	_____
Phone _____	Phone _____
_____	_____
Cell Phone _____	Cell Phone _____
_____	_____
E-mail _____	E-mail _____
_____	_____

Where parents/guardian can be reached if not at home:

Address _____	Address _____
_____	_____
Phone _____	Phone _____
_____	_____
Social Sec # _____	Social Sec # _____
_____	_____

Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> student(s) live with mother and father                        | <input type="checkbox"/> student's mother is deceased |
| <input type="checkbox"/> student(s) live with mother only                              | <input type="checkbox"/> student's father is deceased |
| <input type="checkbox"/> student(s) live with father only                              |   |
| <input type="checkbox"/> student(s) live with neither mother or father, but with _____ |   |

List two neighbors or nearby relatives who will assume temporary care of your children, if you cannot be reached:

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
_____	_____
Cell Phone _____	Cell Phone _____
_____	_____
Relationship _____	Relationship _____
_____	_____

(continued)

In case of 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 below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

**Signature of parent/guardian** \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

**\*Family Doctor's Name** \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

\*You must name a doctor and the information required, even if you claim to have no family doctor.

If **one** of the parents/guardian has **legal custody** of student(s), a copy of the **custody form** should be **on file** in the school office, otherwise we have no reason not to let the non-custodial parent have access to the child(ren). Please submit a copy to the school office as soon as possible. Thank you! This is a legal issue and we are told to ask for this form.

Teachers have, on occasion, wondered about students' forgery of parents'/guardian's **signature**. Kindly write your name as you sign school report cards, absence excuses, etc. We will keep this on file and use it frequently.

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_