

EMERGENCY DATA (please print)

DATE _____ GRADE _____

Mother's name _____ Home phone () _____

Work phone () _____ Cell phone () _____ E-mail _____

Father's name _____ Home phone () _____

Work phone () _____ Cell phone () _____ E-mail _____

Other adults to contact if parents are not available:

Name _____ Relationship _____

Work phone () _____ Home phone () _____ other # () _____

Name _____ Relationship _____

Work phone () _____ Home phone () _____ other # () _____

Name _____ Relationship _____

Work phone () _____ Home phone () _____ other # () _____

Does your child take regular medication? yes ____ no ____ Does your child have allergies? yes ____ no ____

Does your child have any additional medical specifics that we need to know? yes ____ no ____

If you answer yes to any of these questions, **please explain on the reverse side** of this form.

Student's name _____

Last

First

Middle