

**FAMILY / STUDENT EMERGENCY FORM
2009-2010**

STUDENT'S LAST NAME: _____

Home Address _____
Street City Zip

Home phone # (_____) _____

Where parents may be reached if not at home:

Father's Name _____
First Last - if different from student's last name
Employer _____ Occupation _____
Phone _____ Cell _____ Pager _____
E-Mail Address _____

Mother's Name _____
First Last - if different from student's last name
Employer _____ Occupation _____
Phone _____ Cell _____ Pager _____
E-Mail Address _____

STUDENT'S NAME	BIRTHDATE	Grade	Special medical concerns/instructions
First / _____	_____	_____	_____
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____
_____ / _____	_____	_____	_____

Hospital _____ City _____
Doctor _____ Address _____ Phone _____
Dentist _____ Address _____ Phone _____

It is the parent's responsibility to notify the school if there are changes in health status, physician, or hospital.
List two neighbors or local relatives who will assume temporary care and transportation of your child if you cannot be reached:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Daycare provider for elementary students:
Name _____ Address _____ Phone _____

The information on this sheet will be made available to appropriate staff members and will be requested annually.

Authorization:
In case of an accident or serious illness, I request the school to contact me. If unable to contact me, I hereby authorize them to contact the physician listed, and follow the physician's directive. If unable to contact the physician, the school may make whatever arrangements that seem necessary, including 911 calls.
I have read the above statements, and I agree to supply the data on this form with full knowledge of the information in that statement.

PARENT/GUARDIAN SIGNATURE **DATE**