

EMERGENCY INFORMATION RECORDS

To be completed by PARENT

Home Room _____

Locker No. _____

Grade/Section _____

Bus No. _____

Student's Name _____
(Last) (First) (Middle) Birth Date (M/D/Y)

Address _____
(Street) (City) (State/Zip)

Social Security No. _____ Home Phone No. _____

Parent Email Address * _____ Parent Cell Phone * _____

Father's Name _____

Father's Employer _____

Business Phone _____ Work Hours _____

Mother's Name _____

Mother's Employer _____

Business Phone _____ Work Hours _____

Name of person student resides with _____

Relationship to student _____

Name of Insurance provider _____

Physician's Name and Phone * _____

Dentist's Name and Phone * _____

Name of two local friends or relatives to contact if parents are not available (must be completed):

1)

Name Telephone Relationship

2)

Name Telephone Relationship

Signature of Mother X _____

Signature of Father X _____

Note: On back please list any health problems your child has which you would like to call to attention of the school nurse.

* INDICATES INFORMATION IS OPTIONAL.