

**EMERGENCY INFORMATION FORM**

Note: EVERY FAMILY MUST RETURN THIS FORM TO THE SCHOOL OFFICE.

Name and grade

Of student:

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Child Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Children live with Mother \_\_\_\_\_ Father \_\_\_\_\_  
Both \_\_\_\_\_ Guardian \_\_\_\_\_

Home Phone# \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Father's Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Parents Name: Father \_\_\_\_\_ Mother \_\_\_\_\_  
Guardian \_\_\_\_\_

Two Emergency numbers we may  
Call other than home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day Care: \_\_\_\_\_

Name

Phone

DATE

Doctor: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Address

Dentist: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Address

In case of early dismissal will your children go home? Yes \_\_\_ No \_\_\_

If not give names etc. of place they are to go. **MAKE SURE  
YOUR CHILD KNOWS THIS INFORMATION.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Is there any one your children should not be released to?

Name: \_\_\_\_\_

Any medical information the school should be aware of:

\_\_\_\_\_

Please describe any special testing the student has had:

\_\_\_\_\_

Describe any special needs of the student the school should be  
aware of: \_\_\_\_\_

\_\_\_\_\_