

STUDENT EMERGENCY INFORMATION 2024-2025

Student's Full Name _____ **Grade** _____

Allergies _____

Additional Information and Medications (must have medical form in school office) _____

Student's Full Name _____ **Grade** _____

Allergies _____

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Student's Full Name _____ **Grade** _____

Allergies _____

Additional Information and Medications (must have medical form in school office) _____

Contact Information *(Indicate changes only)*

Mother's Name _____ Father's Name _____

Mother's Email _____ Father's Email _____

Phone- Home _____ Phone- Home _____

Cell _____ Cell _____

Work _____ Work _____

Emergency Pickup Information: (Individuals who are authorized to pick up your child when parents are not available. Will be called in the order given)

Name _____ **Relationship to Child** _____

Phone (H) _____ (C) _____ (W) _____

Name _____ **Relationship to Child** _____

Phone (H) _____ (C) _____ (W) _____

Name _____ **Relationship to Child** _____

Phone (H) _____ (C) _____ (W) _____

Name _____ **Relationship to Child** _____

Phone (H) _____ (C) _____ (W) _____

Parent's Name (Please Print) _____ Date: _____

Parents' Signature: _____