



Emergency Information

Student's Name: _____

Address: _____

Home Phone: _____

Father's Name & Business Phone: _____ Cell Phone: _____

Mother's Name & Business Phone: _____ Cell Phone: _____

Guardian's Name & Business Phone: _____ Cell Phone: _____

LOCAL PERSONS WHO WILL CARE FOR CHILD IN AN EMERGENCY

Name: _____

Address: _____

Home Phone: _____

Business Phone: _____ Cell Phone: _____

School May Choose a Physician: Yes _____ No _____

Local Doctor: _____ Phone: _____

Local Doctor: _____ Phone: _____

Insurance: _____ ID # _____

Specific information you wish the school to have regarding emergencies:

Does your child suffer from any physical impairment which might retard education progress? Yes _____ No _____ If yes, explain. _____

