

Student Emergency Information

School Name _____ School Year _____
 Teacher Name _____ Student ID# _____

Student Information (Print all information)			
Student's Full Legal Name (Last, First, Middle)		Date of Birth (Month, Day, Year)	
Address Apt. No.		Telephone Number (Home/parent's Cell)	
City State Zip		Sex (Circle) Male Female	
Ethnic Designation <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> *Black <input type="checkbox"/> *White <input type="checkbox"/> Hispanic *Not of Hispanic origin			
List any Special needs			
Student's Siblings (Use additional page if more than 3 siblings)			
Name		School	
Name		School	
Name		School	

Parent/Guardian Information (One must be the parent or legal guardian with whom student lives)	
Mother or Legal Guardian (Relationship) (Last, First, Middle)	Father or Legal Guardian (Relationship) (Last, First, Middle)
City State Zip	City State Zip
Home Number	Home Number
Employer	Employer
Employer's Address	Employer's Address
Work Number	Work Number

Names of People I Will Allow My Child To Go With in Case of Emergency			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

 Signature of Parent/Legal Guardian with Whom Student Lives or Adult Student Date

It is important for you to send the completed form back as soon as possible. Your child's teacher will keep this with his or her emergency kit, and it will only be used in emergencies.