EMER	<b>GENCY CO</b>	NTACT FORM	I SCHOO	DL YEA	AR 202	21/2022		
NAME OF STUDENT: D.O.B:			GRADE:		Will Student Ride Bus: YES NO			NO
				Will Stu		udent Ride Bus in AM PM		PM
STUDENT'S PHYSICAL ADDRESS			-		ВОТН			
					If Yes, from	m what (Physic	al) Address?	
STUDENT'S MAILING ADDRESS	:			_ L				
PARENT(s) NAMES:	1			PHONE NU	PHONE NUMBERS: 1 required) 2			
	2							
LEGAL GUARDIAN(s) NAMES:	1			E-MAIL ADDRESS: 1				
	2				red) <u>2</u>			
EMERGENCY CONTACTS (REQUIRED) 1 Name:		Name:		Phone:		Relatio		
		2 Name:		Phone:		Relationship:		
3_1		Name:		Phone: Relat		Relatio	nship:	
WHO MAY CHECK OUT YOUR S	TUDENT?		1					
*(PERSON(S) NOT ON CHECK OUT	LOWED							
TO CHECK OUT STUDENT - NO EX		•						
Name child's food allergies:		(physician note m	ust be on file)	)				
Does your child have Asthma?	() yes () no Does	he/she require an inha	aler?()yes(	)no				
Does your child have an EpiPer	n?()yes()no Nan	ne allergens that EpiPe	n is for:					
COURT ORDER IS REQUIRED FO	OR WHO CANNOT B	E ALLOWED TO CHECK	OUT YOUR C	HILD (Lega	al docume	ntation is requ	ired)	
	1			2_				
PARENT/GUARDIAN SIGNATUR	E:			DATE:				

By signing this document, I agree to notify the Front Office at KCS in person with any changes (phone number, emergency contacts, bus pick up/drop off, address, court order, etc)

Date:	Requester Name:	Changes:	Notes:

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