



EMERGENCY CONTACT FORM SCHOOL YEAR 2021/2022

NAME OF STUDENT: _____ GRADE: _____

D.O.B: _____

STUDENT'S PHYSICAL ADDRESS: _____

STUDENT'S MAILING ADDRESS: _____

Will Student Ride Bus: _____ YES _____ NO

Will Student Ride Bus in _____ AM _____ PM

_____ BOTH

If Yes, from what (Physical) Address?

PARENT(S) NAMES: 1 _____

PHONE NUMBERS: 1 _____

2 _____

(required) 2 _____

LEGAL GUARDIAN(S) NAMES: 1 _____

E-MAIL ADDRESS: 1 _____

2 _____

(required) 2 _____

EMERGENCY CONTACTS (REQUIRED)

1 Name: _____ Phone: _____ Relationship: _____

2 Name: _____ Phone: _____ Relationship: _____

3 Name: _____ Phone: _____ Relationship: _____

WHO MAY CHECK OUT YOUR STUDENT?

1 _____

***(PERSON(S) NOT ON CHECK OUT LIST WILL NOT BE ALLOWED**

2 _____

TO CHECK OUT STUDENT - NO EXCEPTIONS)

3 _____

Name child's food allergies: _____ (physician note must be on file)

Does your child have Asthma? () yes () no Does he/she require an inhaler? () yes () no

Does your child have an EpiPen? () yes () no Name allergens that EpiPen is for: _____

COURT ORDER IS REQUIRED FOR WHO CANNOT BE ALLOWED TO CHECK OUT YOUR CHILD (Legal documentation is required)

1 _____ 2 _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

