



# EMERGENCY CONTACT FORM SCHOOL YEAR 2020/2021

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

\_\_\_\_\_ BOT

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: \_\_\_\_\_





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