



Emergency Contact Information Form

2010-2011

Grade _____
Advisor _____

Student's Legal Last Name	Student's Legal First Name	MI	Birth Date	Age	Sex	Grade
Address		City	State	Zip Code	Home Telephone #	
Mother's Name	Place of Employment	Cell #	Work Telephone #			
Father's Name	Place of Employment	Cell #	Work Telephone #			
Guardian's Name (if applicable)	Place of Employment	Cell #	Work Telephone #			
Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other : _____ (please explain)						

ADDITIONAL EMERGENCY CONTACTS: (Other than parents and guardians)

_____	_____	_____	_____
(1) Name	Relationship Telephone	(2) Name	Relationship Telephone
OTHER CHILDREN: _____			
_____	_____	_____	_____
(1) Name	School/Grade	(2) Name	School/Grade

List anyone permitted to pick your child up from school: _____

List anyone who is **SPECIFICALLY NOT PERMITTED** to pick up your child from school: _____

OTHER STUDENT/FAMILY INFORMATION:

Family Doctor: _____ Office Phone: _____
Location: _____
Family Dentist: _____ Office Phone: _____
Location: _____
Preferred Hospital: _____

STUDENT'S INSURANCE INFORMATION:

Insurance Provider: _____
Policy Holder: _____
Group: _____ Policy #: _____
Provider's Phone Number: _____