



EMERGENCY NOTIFICATION

Student Name (Last) (First) (Middle)			School Year	
Address (Street)		Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
(City)	(State)	(Zip Code)	Both parents authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, submit copy of custody docs)	
Student Resides with <input type="checkbox"/> Both Parents/Guardians <input type="checkbox"/> Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Other				
Parent/Guardian 1 (Last) (First)		Work Phone (Area Code +No.)	Parent/Guardian Email Addresses _____ _____	
Employer (Name and Address)		Cell Phone (Area Code + No.)	Allergies:	
Parent/Guardian 2 (Last) (First)		Work Phone (Area Code +No.)		
Employer (Name and Address)		Cell Phone (Area Code + No.)	Medications:	
Name			Age	School Attending
List other children in the family				
My child may be released to the following in case of illness and/or early dismissal:	Name	Relationship	NOTE: Special pick-ups not listed must have written notification signed by parent/guardian.	
	Home Address	Day Phone (Area Code + No.)		
	Name	Relationship		
	Home Address	Day Phone (Area Code + No.)		
Child's Physician: (Name)		Day Phone No. (Area Code + No.)		