



EMERGENCY NOTIFICATION

Student Name (Last) (First) (Middle)			School Year	
Address (Street)			Date of Birth	Sex M 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 <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other				
Mother's Name (Last) (First)		Work Phone (Area Code + No.)	Allergies:	
Employer (Name and Address)		Cell Phone (Area Code + No.)	Parent/Guardian Email Addresses	
Father's Name (Last) (First)		Work Phone (Area Code + No.)		
Employer (Name and Address)		Cell Phone (Area Code + No.)	Medications:	
List other children in the family			Age	School Attending
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.)		