

#35 SCHOOL EMERGENCY INFORMATION FORM

It is extremely important that we keep our files up to date with the correct emergency information for all students. Please fill out this form and return it to the school immediately. All information will be kept strictly confidential to be used only by the principal, teacher, secretary, or nurse.

STUDENT'S NAME _____

Date of Birth ____/____/____

Home Address _____

Parent/Guardian Name _____

Home Phone _____ Cellular/Pager _____

Work Number _____

Emergency Contact Person (a reliable person that can usually be reached and the student can be released to)

Name _____ Phone _____

Emergency Contact Person's address _____

* Any other information the school may need in the event of an emergency please add to the back of this form.*

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