



## Emergency Information

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name & Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name & Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian's Name & Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### LOCAL PERSONS WHO WILL CARE FOR CHILD IN AN EMERGENCY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**School May Choose a Physician: Yes \_\_\_\_\_ No \_\_\_\_\_**

Local Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID # \_\_\_\_\_

*Specific information you wish the school to have regarding emergencies:*

\_\_\_\_\_

\_\_\_\_\_

Does your child suffer from any physical impairment which might retard education progress? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_