



Emergency Information 2023-2024

Child's Name	Date of Birth			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Last</td> <td style="width: 33%; text-align: center;">First</td> <td style="width: 33%; text-align: center;">Nickname</td> </tr> </table>	Last	First	Nickname	Home Phone
Last	First	Nickname		
Street Address				
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">City</td> <td style="width: 33%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip code</td> </tr> </table>	City	State	Zip code	
City	State	Zip code		
Mother or Guardian	Cell			
(Include maiden name)				
Employment	Hours: Work			
Father or Guardian Name	Cell			
Employment	Hours: Work			
Parent/Guardian Email Address				

Persons authorized to pick up child:

No child will be released to anyone not known to the school without authorization from parents or guardian.

Person to be called in case of emergency

(Be sure to include someone who will usually know your whereabouts)

Name	Relationship to child			
Address	Phone			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">City</td> <td style="width: 33%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip code</td> </tr> </table>	City	State	Zip code	Cell
City	State	Zip code		
Name	Relationship to child			
Address	Phone			
<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">City</td> <td style="width: 33%; text-align: center;">State</td> <td style="width: 33%; text-align: center;">Zip code</td> </tr> </table>	City	State	Zip code	Cell
City	State	Zip code		
Child's Physician	Phone			

Emergency Hospital preference _____

I authorize the school to give my child Tylenol, if needed

Parent or Guardian Signature _____