



Emergency Information 2024-2025

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		

City	State	Zip code
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Mother or Guardian	Cell
(Include maiden name)	

Employment	Hours:	Work
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Father or Guardian Name	Cell
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Employment	Hours:	Work
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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			
	Cell			
<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		

Name	Relationship to child			
Address	Phone			
	Cell			
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Child's Physician	Phone
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Emergency Hospital preference _____

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

Parent or Guardian Signature _____