



Emergency Information 2026-2027

Child's Name			Date of Birth
Street Address	Last	First	Nickname
			Home Phone
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
	Cell
City	State
Zip code	
Name	Relationship to child
Address	Phone
	Cell
City	State
Zip code	
Child's Physician	Phone
Emergency Hospital preference	

Parent/Guardian Signature

Date