

**WINDSOR LEARNING CENTER
STUDENT EMERGENCY INFORMATION**

Student's Name _____ Birth Date _____
(Please Print) Last First

Address _____ Home# (_____)

_____ City State Zip

Mother: _____ Work # (_____)

Cell Phone # (_____)

Father: _____ Work # (_____)

Cell Phone # (_____)

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Phone # (_____)

Address _____

2. Name _____ Phone # (_____)

Address _____

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Date _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements that seem necessary.

Signature of Parent or Guardian: _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Local Physician's Name: _____

Office Telephone # (_____) Other Telephone # (_____)