

**STUDENT EMERGENCY INFORMATION (WS)**

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 \_\_\_\_\_

=====

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 # ( \_\_\_\_\_ )