

STUDENT EMERGENCY INFORMATION FORM



2018-2019

STUDENT'S NAME FIRST MIDDLE LAST GRADE Entering 9/6/18

HOME ADDRESS STREET CITY STATE ZIPCODE

HOME TELEPHONE NUMBER DATE OF BIRTH

CAREGIVER INFORMATION

The information below will be used in case of injury or emergency school closing. Please make sure that this information is kept up-do-date.

1 Parent/Guardian's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

Home Address same as above different, see below

Street Address (if different from above)

City / State / Zip code

Home Phone number (if different from above)

E-mail address

Occupation

Place of Employment

2 Parent/Guardian's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

Home Address same as above different, see below

Street Address (if different from above)

City / State / Zip code

Home Phone number (if different from above)

E-mail address

Occupation

Place of Employment

The student's parents are: (please check one) single married partners separated divorced mother deceased father deceased remarried

The student's main residence is with: both parents mother only father only parents alternate custody guardian other (please specify)

Communication should go to: both parents-same address both parents-separate addresses mother only father only guardian other (please specify)

OVER>>>

EMERGENCY CONTACTS

**The information below will be used in case of injury or emergency.
Please be sure that all information is kept UP-TO-DATE.**

PERSONS, (in addition to those listed on the previous page), **AUTHORIZED TO PICK UP THIS STUDENT IN CASE OF EMERGENCY, ILLNESS OR INJURY**, are:

3 _____
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

4 _____
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

5 _____
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

6 _____
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

Please call the office to authorize any changes or additions to the above.

PEOPLE AUTHORIZED TO PICK MY CHILD UP FROM SCHOOL ON A NON-EMERGENCY BASIS:
(car pools, childcare, playdates, etc.)

a. _____ d. _____

b. _____ e. _____

c. _____ f. _____

Please call the office to authorize any changes or additions to the above.

 **Release** _____

I hereby give permission for my child's image to be used in any promotional materials produced by Lansdowne Friends School, including the school web-site at www.lansdownefriendsschool.org

Signature of Parent/Guardian

Date

OVER>>>