

STUDENT EMERGENCY INFORMATION FORM



2021-2022

STUDENT'S NAME _____ GRADE _____
FIRST MIDDLE LAST Entering 9/09/21

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- _____both parents- _____mother only _____father only
same address separate addresses
_____guardian _____other (please specify) _____

EMERGENCY CONTACTS

The information below will be used in case of injury or emergency. Due to COVID-19 concerns, you must pick up a child with symptoms within 1 hour of when you are called. Please make arrangements below for a back-up person/persons if you are unable to pick up within 1 hour.

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