



EMERGENCY FORM

Student's Name _____ Phone# _____

Address _____ E-Mail _____

Grade _____ Teacher _____ Date of Birth _____

Father's Name _____ Phone# _____

Home Address _____

Place of Employment _____

Mother's Name _____ Phone # _____

Home Address _____

Place of Employment _____

PLEASE PLACE AN * NEXT TO THE BEST PHONE NUMBER TO REACH YOU

Brothers & Sisters

Teachers & Grades

Emergency Contact Persons & Relationship:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

EMERGENCY CLOSING:

We need you to complete a plan of action for your child in the event of an emergency closing. This plan should detail your child's supervision from the time of dismissal. This information must be accurate and updated as needed. It should not require the school to call. In the event of an emergency, my child should do the following: _____