



USA STUDENT EMERGENCY INFORMATION

Name of person who filled out this form: _____ Date: _____

Updated: _____

Student's Name: _____ **Birthdate:** _____ **Grade:** _____

Place of Birth: _____ **Ethnicity:** _____

Student's Physical Address: _____

Student's Mailing Address: _____

CONTACT INFORMATION (If mother or father have a different address than the student, please list info on back)

May pick up student	Name/Relationship	Home Phone	Cell Phone	Work Phone	E-Mail
	Mother				
	Father				
	In Town Emergency Contact				
	Out of town Emergency Contact				
	Day Care				

Additional Pick-Up/Dismissal Information: Please list on back any others who may pick up the student from school.

May your child walk home from school? Yes No Are there any who may NOT pick up the student (restraining orders)? Yes No
(Please explain who and the restraining order on the back if applicable)

Health and Safety Information: Please explain on the back information concerning the following as applicable:

___ Food allergies ___ Other allergies ___ Medical Information/History ___ Other important info for us to know

Circle all special school programs your child currently participates in: IEP 504 Plan Speech Behavioral Plan

What information may NOT be released to the media: ___ Name of student ___ Photo of student

What information may NOT be published in a school directory: ___ Name of student ___ Parent names ___ Address ___ Phone

IS THERE ANY INFORMATION ON THE BACK OF THIS FORM? Yes No