

Emergency Contact Information

Emergency Contact Name #1:	Emergency Contact Name #2:
Physical Address:	Physical Address
Is Allowed to: <input type="checkbox"/> Pick Up? <input type="checkbox"/> Release Student to in case of emergency? (Snow Day etc.)	Is Allowed to: <input type="checkbox"/> Pick Up? <input type="checkbox"/> Release Student to in case of emergency? (Snow Day etc.)
Home Phone: () -	Home Phone: () -
Cell/Work Phone: () -	Cell/Work Phone: () -

Does your child receive any of the following services OT PT Speech Services 504 Plan
 Speech Services IEP

Is there is any other information you would like to provide to us about your child? _____

_____ Signature of Person Filling out Form _____ Relationship To Student _____ Date

BC _____	Date Entering _____	Office Use Only Student Id# _____	Custody Papers on File _____
Initials	HR	Date Entered Into Computer _____	