

# EMERGENCY INFORMATION FORM

Please print and fill out completely:

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

*STUDENT'S CELL PHONE* \_\_\_\_\_ GENDER: \_\_\_\_\_

ETHNICITY (check one) \_\_\_\_\_ Non Hispanic/Latino \_\_\_\_\_ Hispanic/Latino

RACE (check one) \_\_\_ African American \_\_\_ Asian \_\_\_ Native American \_\_\_ Pacific Island \_\_\_ White

Does your child have any known allergies? \_\_\_ No \_\_\_ Yes If yes, please list below:

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Is your child on any medication that has to be taken at school? \_\_\_ No \_\_\_ Yes

(If yes, please fill out the medication permission form.)

PARENT/GUARDIAN'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (if different from mailing address) \_\_\_\_\_

OPTIONING IN FROM ANOTHER DISTRICT: \_\_\_ No \_\_\_ Yes If yes, which district \_\_\_\_\_

**Please \* the number to be called first**

FATHER'S NAME \_\_\_\_\_ *CELL PHONE* \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ *WORK PHONE* \_\_\_\_\_

*E-MAIL* \_\_\_\_\_ *HOME PHONE* \_\_\_\_\_

HOME ADDRESS (if different from above) \_\_\_\_\_

Please check below if you wish to receive grade reports at this address

MOTHER'S NAME \_\_\_\_\_ *CELL PHONE* \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ *WORK PHONE* \_\_\_\_\_

*E-MAIL* \_\_\_\_\_ *HOME PHONE* \_\_\_\_\_

HOME ADDRESS (if different from above) \_\_\_\_\_

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## ALTERNATE PERSON(S) TO CONTACT IN AN EMERGENCY:

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ *CELL PHONE* \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ *CELL PHONE* \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

**IF YOU HAVE MORE THAN ONE CHILD ATTENDING SOUTH PLATTE, PLEASE FILL OUT THE BACK.**

**Information in red will be contacted by the School Messenger Program.**

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