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/Latir | noHispar | Hispanic/Latino | | |
| RACE (check one)African AmericanAsia | anNative Americ | canPacific Island | White | |
| Does your child have any known allergies? | NoYes If ye | s, please list below: | | |
| Is your child on any medication that has to be to (If yes, please fill out the medication pe | | Yes | | |
| PARENT/GUARDIAN'S NAME | | | | |
| MAILING ADDRESS | | | | |
| PHYSICAL ADDRESS (If different from mailing ad | | | | |
| OPTIONING IN FROM ANOTHER DISTRICT: | | | | |
| | Please * the n | umber to be called firs | t | |
| FATHER'S NAME | CELL PHONE | | Please check below if you wish to receive grade | |
| PLACE OF EMPLOYMENT | | | reports at this address | |
| E-MAIL | HOME PHONE | | · | |
| HOME ADDRESS (if different from above) | | | | |
| MOTHER'S NAME | CELL PHONE | | Please check below if you | |
| PLACE OF EMPLOYMENT | | | wish to receive grade | |
| | | | reports at this address | |
| E-MAIL | HOME PHONE | | | |
| HOME ADDRESS (if different from above) | | | | |
| ALTERNATE DEDCON(C) TO CONTACT IN AN ENA | EDCENCY. | | | |
| NAME | | | | |
| HOME PHONE | CELL | PHONE | | |
| RELATIONSHIP TO STUDENT | | | | |
| NAME | | | | |
| HOME PHONE | CELL | PHONE | | |
| RELATIONSHID 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.

| STUDENT'S NAME | GRADE | _ DATE OF BIRTH | | _ |
|--|------------|-----------------------|----------|---|
| STUDENT'S CELL PHONE | | | | |
| ETHNICITY (check one)Non Hispanic/Latino | Hispar | nic/Latino | | |
| RACE (check one)African AmericanAsian | | | White | |
| Does your child have any known allergies?No | | | | |
| , | , | | | |
| Is your child on any medication that has to be taken a | at school? | No Yes | | |
| If yes, please fill out the medication permission | | | | |
| ,, | | | | |
| | | | | |
| STUDENT'S NAME | GRADE | DATE OF BIRTH | | |
| STUDENT'S CELL PHONE | | | | • |
| ETHNICITY (check one)Non Hispanic/Latino | Hispar | nic/Latino | | |
| RACE (check one)African AmericanAsian | | | White | |
| Does your child have any known allergies?No | | | | |
| | ,. | o, p. cacc | | |
| Is your child on any medication that has to be taken a | at school? | No Vec | | |
| If yes, please fill out the medication permission | | _110163 | | |
| if yes, please fill out the medication permission | on form. | | | |
| | | | | |
| STUDENT'S NAME | CDADE | DATE OF BIDTU | | |
| STUDENT'S CELL PHONE | GRADL | _ DATE OF BIRTH | | |
| | Licnar | nic/Latino | | |
| ETHNICITY (check one)Non Hispanic/Latino | | | \\/hi+o | |
| RACE (check one)African AmericanAsian | | | vviiite | |
| Does your child have any known allergies?No | res ii ye | s, please list below. | | |
| | | N | | |
| Is your child on any medication that has to be taken a | | _NoYes | | |
| If yes, please fill out the medication permission | on form. | | | |
| | | | | |
| CTUDENT/C NANAE | CDADE | DATE OF BIRTH | | |
| STUDENT'S NAME | | _ DATE OF BIRTH | | - |
| STUDENT'S CELL PHONE | | is /I stins | | |
| ETHNICITY (check one)Non Hispanic/Latino | | | \A/l=:+- | |
| RACE (check one)African AmericanAsian | | | vviiite | |
| Does your child have any known allergies?No | res if ye | s, please list below: | | |
| | | | | |
| Is your child on any medication that has to be taken a | | _NoYes | | |
| If yes, please fill out the medication permission | on form. | | | |
| | | | | |
| | | | | |
| STUDENT'S NAME | GRADE | _ DATE OF BIRTH | | - |
| STUDENT'S CELL PHONE | | | | |
| ETHNICITY (check one)Non Hispanic/Latino | | | | |
| RACE (check one)African AmericanAsian | | | White | |
| Does your child have any known allergies?No | Yes If ye | s, please list below: | | |
| | | | | _ |
| Is your child on any medication that has to be taken a | at school? | _NoYes | | |
| If ves, please fill out the medication permission | on form. | | | |