

School Year _____

(For Office Use Only) Date Received: _____

GREENBRIER COUNTY SCHOOLS - BASIC STUDENT AND EMERGENCY INFORMATION

Student's Name _____
(First) (Middle) (Last)

Grade _____ Homeroom Teacher _____ Bus # _____ Student # _____

Date of Birth _____ Native Language _____ Primary Contact Number _____

(List a cell number to be able to opt in to receive text message notifications)

911 Physical Address _____

Mailing Address _____

List Brothers/Sisters in School (Name/School/Grade) _____

Lives with: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Grandparent(s) ☐ Guardian ☐ Foster Parent

CUSTODY ISSUES: ☐ No ☐ Yes Court documents in student's file: ☐ Yes ☐ No

PARENT/GUARDIAN/FOSTER PARENT INFORMATION (List a cell number to be able to opt in to receive text message notifications)

(1) Name _____ Relationship to Student _____

Phone numbers (1) () _____ (2) () _____ Email _____

Employer _____ Work Phone Number () _____

(2) Name _____ Relationship to Student _____

Phone numbers (1) () _____ (2) () _____ Email _____

Employer _____ Work Phone Number () _____

(3) Name _____ Relationship to Student _____

Phone numbers (1) () _____ (2) () _____ Email _____

Employer _____ Work Phone Number () _____

In case of student illness/medical emergency (if you cannot be reached) list three persons to be called in order of preference

• Name _____ Relationship _____ Phone () _____

• Name _____ Relationship _____ Phone () _____

• Name _____ Relationship _____ Phone () _____

Where does student go after school? _____ (Change in this routine requires a note approved by the principal.)

Student may be picked up by _____

EMERGENCY DISMISSAL: (Please check one) ☐ Student follows their normal routine

☐ Student is to _____

Health Insurance: ☐ Yes ☐ No Provider: _____ Expiration Date: _____

Medical Information: List any physical or medical conditions which could affect the student during the school day and would require specific procedure by school personnel _____

Student's Physician _____ (Please check one) Student ☐ will or ☐ will not require medicine during the school day.

Whenever a student is involved in an emergency, the school will contact 911 and the parents. If the school is unable to reach parents or responsible parties listed on this form, the EMS personnel will take charge of the student's care and they will make the decision if transporting to a hospital is necessary. The physician and the hospital are hereby authorized to give such treatment as deemed necessary in an emergency for the health of the student.

Signature of Parent or Guardian _____

Date _____

White-School Office

Yellow-School Nurse

Pink-Classroom Teacher

Gold-Guidance Counselor