

**PLEASE COMPLETE  
AND RETURN**

**STUDENT'S EMERGENCY INFORMATION (Page 1 of 2)**

Student's name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Student's social security number \_\_\_\_\_ grade \_\_\_\_\_

Parents or Guardians: Father \_\_\_\_\_

Mother \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone # \_\_\_\_\_ (Please indicate whose phone number-mom,dad,etc.)

Phone # \_\_\_\_\_ (Please indicate whose phone number-mom,dad,etc.)

Street address (if different than mailing address) \_\_\_\_\_

Bus Driver \_\_\_\_\_

Father's employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Mother's employer \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

\*If parents can't be reached in case of emergency contact or notify:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Phone Town Phone Town

IN CASE OF AN EMERGENCY I GRANT PERMISSION TO A REPRESENTATIVE OF THE NORRIS CITY-OMAHA ENFIELD UNIT DISTRICT #3 TO CALL ANY AVAILABLE MEDICAL DOCTOR.

\_\_\_\_\_  
Father, Mother, or Legal Guardian

Student's Physician \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical considerations the school should be aware of for the well being of your child. Not only give the condition but also what role the school should play concerning the condition.

By signing below, I give my child, \_\_\_\_\_, permission to attend school sponsored trips throughout the school year.  
(Student's name)

\_\_\_\_\_  
(Parent/Guardian signature)

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**STUDENT'S EMERGENCY INFORMATION (Page 2 of 2)**  
**DOCUMENTATION OF RECEIPT OF PARENT HANDBOOK**

(Required by law)

I, the parent/guardian of \_\_\_\_\_ have received a copy of the  
(student's name)  
Norris City-Omaha Elementary Student/Parent Handbook.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(student's signature)

\_\_\_\_\_  
(parent's signature)

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**INSTANT MESSAGING**

With our telephone instant messaging system we are able to provide each household with announcements such as early dismissal times, vacation date, etc. and most especially weather related school closing announcements. Each household may list up to 3 different phone numbers. For general announcements the message will go only to the primary phone number. For an emergency announcement such as a school closing, the message will go to all listed phone numbers. Please provide us your designated phone number in the space below. Also, please notify us anytime your phone number changes.

**Primary phone** \_\_\_\_\_

**1<sup>st</sup> additional phone** \_\_\_\_\_

**2<sup>nd</sup> additional phone** \_\_\_\_\_

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**PERMISSION FOR DESIGNATED PARTY TO PICK UP STUDENT**

If in the event of a major emergency situation such as a tornado, earthquake, fire or other disaster in which communication and transportation are interrupted or limited, permission must be given as to what designated person or persons may pick up your child from school. The child will only be released to the designated person or persons. This will enable both parents and school officials to monitor the whereabouts of the children. Please take some time and thought in fill out the information.

In the event of a catastrophic emergency, I give permission for the following person or persons to pick up my child.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent/guardian signature)