School District of Wild Rose Emergency Form 2012-2013

		Cell Phone Number:	
Student Legal Last Name:	Legal Firs	st Name Middle Name	No Television
treet Address:	Walling Add	ressCity/Zipcode(if different from street address)	
Place of Birth: City	Place of Birth: State	Place of Birth: Country Place of Birth: County	
Part 1: Is the student's ethn	nicity:	Part 2: Select all that apply to indicate student's race:	
Hispanic or Latino		□ American Indian/Alaska Native	□ Asia
□ Not Hispanic or Latino		☐ Black/African American	□ Whit
		Native Hawaiian/Other Pacific Islander	
remark (Culoudian (a) at Comp. As	dd		
arent/Guardian(s) at Same Ad	agress as above: · □ Stepfather □ Stepmother □ Grandfa	ather Grandmother Uncle Aunt Foster Father Foster Mother	- 04
egal Last Name:	Legal First Name:	□ Parent □ Legal Guardian	o Other
ell Phone:	Workplace/Occupation:	Work Phone:	
ome Phone:	E-Mail Address:	WORK HORE.	
neuk one: u rather diviother	Legal First Name	ather Grandmother Uncle Aunt Foster Father Foster Mother Parent Legal Guardian	Other
ell Phone:	Workplace/Occupation:	□ Parent □ Legal Guardian	
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neux one. 🗆 rather 🗀 Wother	Local First Name:	ather Grandmother Uncle Aunt Foster Father Foster Mother	□ Other
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ome Phone:	E-Mail Address:	work Phone:	
heck one: □ Father □ Mother	□ Stepfather □ Stepmother □ Grandfa	ather Grandmother Uncle Aunt Foster Father Foster Mother	□ Other
	Legal First Name:	□ Parent □ Legal Guardian	
egal Last Name:			
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physician/clinic or in securing em	d and the parents cannot be reached imn ergency treatment at the local hospital? f you have checked No, indicate the plan		hool authorities use their own judgment in contacting the gency:
Physician Name/Clinic:	Address:		Phone Number:
Parent Signature:		Date:	
Medical Alerts/Concerns: Seri	ous Food Allergies Bee Sting Allergies Treatment for above conditi	s 🗆 Diabetes 🗆 S	Seizures Asthma Other Serious Health Concerns
Student takes daily medication?			ion meds need to be taken at school)