

School District of Wild Rose Emergency Form 2012-2013

Today's Date _____

Grade _____ Date of Birth: __/__/____ Age _____ Female Male Home Phone Number: _____

Cell Phone Number: _____

Student Legal Last Name: _____ Legal First Name _____ Middle Name _____

Street Address: _____ Mailing Address _____ City/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 ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Part 2: Select all that apply to indicate student's race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander
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Parent/Guardian(s) at Same Address as above:

Check one: Father Mother Stepfather Stepmother Grandfather Grandmother Uncle Aunt Foster Father Foster Mother Other

Legal Last Name: _____ Legal First Name: _____ Parent Legal Guardian

Cell Phone: _____ Workplace/Occupation: _____ Work Phone: _____

Home Phone: _____ E-Mail Address: _____

Check one: Father Mother Stepfather Stepmother Grandfather Grandmother Uncle Aunt Foster Father Foster Mother Other

Legal Last Name: _____ Legal First Name: _____ Parent Legal Guardian

Cell Phone: _____ Workplace/Occupation: _____ Work Phone: _____

Home Phone: _____ E-Mail Address: _____

Parent/Guardian(s) at Different Address than student:

Check one: Father Mother Stepfather Stepmother Grandfather Grandmother Uncle Aunt Foster Father Foster Mother Other

Legal Last Name: _____ Legal First Name: _____ Parent Legal Guardian

Address: _____ City/State/Zipcode: _____

Cell Phone: _____ Workplace/Occupation: _____ Work Phone: _____

Home Phone: _____ E-Mail Address: _____

Check one: Father Mother Stepfather Stepmother Grandfather Grandmother Uncle Aunt Foster Father Foster Mother Other

Legal Last Name: _____ Legal First Name: _____ Parent Legal Guardian

Address: _____ City/State/Zipcode: _____

Cell Phone: _____ Workplace/Occupation: _____ Work Phone: _____

Home Phone: _____ E-Mail Address: _____

Notification form for Emergency or Illness

When/if an accident or sickness occurs during school, emergency care or treatment might be needed. We need you to complete the information concerning emergency measures. Please complete the form and return it to school with your child.

Call Parent or Guardian 1st for Illnesses/Emergencies Please indicate which parent/guardian is to be contacted first:

Call 1st: Name: _____ Home Phone Number _____ Cell Number _____

Name of Work/Place of Employment _____ Work Number _____

Call 2nd: Name: _____ Home Phone Number _____ Cell Number _____

Name of Work/Place of Employment _____ Work Number _____

Alternative Contacts if Parent Cannot Be Reached and Your Child Needs to Be Picked Up Due to Illness or Emergency

Call 1st: Name: _____ Relationship to Student: _____ Home Phone Number _____

Work Number _____

Cell Number _____

Call 2nd: Name: _____ Relationship to Student: _____ Home Phone Number _____

Work Number _____

Cell Number _____

Call 3rd: Name: _____ Relationship to Student: _____ Home Phone Number _____

Work Number _____

Cell Number _____

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If emergency treatment is required and the parents cannot be reached immediately, may the school authorities use their own judgment in contacting the physician/clinic or in securing emergency treatment at the local hospital?

Check one: Yes _____ No _____ If you have checked No, indicate the plan to follow in an emergency:

Physician Name/Clinic: _____ Address: _____ Phone Number: _____

Parent Signature: _____ Date: _____

Medical Alerts/Concerns: Serious Food Allergies Bee Sting Allergies Diabetes Seizures Asthma Other Serious Health Concerns

_____ Treatment for above condition: _____

Student takes daily medication? Yes No *(Signed forms necessary if any prescription meds need to be taken at school)*