

Student Information/Emergency Sheet

Student Name: _____ DOB _____

Parents: _____

Address: _____

Home Phone: _____ Work Phone: _____

Dad's Cell Phone: _____ Mom's Cell Phone _____

Email: _____

Do you check your email frequently? _____

Do You prefer... _____ Emailed School News? _____ Paper Copy School News?

Emergency Contacts: (List name and phone numbers.)

1. _____

2. _____

3. _____

Does your child have any allergies or chronic medical problems that we need to know about? If so, please explain:

Is there any medication that your child needs on a regular basis?

Name of doctor: _____ Phone number: _____

Other information that we need to know about your child:
