

LastName

Summerwood Elementary and Middle School

S1.FirstName - PK3

S2.FirstName - 8

S3.FirstName - 8

S4.FirstName - PK3

FAMILY EMERGENCY FORM

FAMILY INFORMATION			
Address: Street, City, CA 11111			
Mother's Phone: 123-456-7890	Work: 123-456-7890	Mobile: 123-456-7890	Contact Order: 2
Father's Phone: 123-456-7890	Work: 123-456-7890	Mobile: 123-456-7890	Contact Order: 1

Mother: LastName, M.FirstName	Security Question: Answer		
Work Address: Address1, Address2, City, CA - 11111, USA		Email: mother@email.com	
Occupation: Occupation	Employer: Employer	Work Hours: 9AM to 6PM	

Father: LastName, F.FirstName	Security Question: Answer		
Work Address: Street, Address2, City, CA - 22222, USA		Email: father@email.com	
Occupation: Occupation	Employer: Employer	Work Hours: 8AM to 5PM	

STUDENT'S INFORMATION			
1. Last Name: LastName	First Name: S1.FirstName	Middle Name: S1.MiddleName	
Grade: PK3	Gender: Male	DOB: 03/03/2006	Birth Place: Street, Address2, City, CA - 11111, USA
Lives With: Father	Custody Issues: Custody Issues		
Medical Verbiage			
Allergy: Food Allergy, Nuts Allergy			
Allergy Symptoms:			
Allergy Medication:			
Any Medical Conditions?:			
Medications:			
Wears: Contact Lenses			

2. Last Name: LastName	First Name: S2.FirstName	Middle Name:	
Grade: 8	Gender: Male	DOB: 10/11/2006	Birth Place: Street, Address2, City, CA - 11111, USA
Lives With: Both	Custody Issues: Custody Issues		
Medical Verbiage			
Allergy: Food Allergy, Nuts Allergy			
Allergy Symptoms:			
Allergy Medication:			
Any Medical Conditions?:			
Medications:			
Wears: Contact Lenses			

3. Last Name: LastName	First Name: S3.FirstName	Middle Name:	
Grade: 8	Gender: Male	DOB: 01/01/2006	Birth Place: Street, Address2, City, - 11111, USA
Lives With: Grandparents	Custody Issues: Custody Issues		
Medical Verbiage			
Allergy: Food Allergy, Nuts Allergy			
Allergy Symptoms:			
Allergy Medication:			
Any Medical Conditions?:			

Medications:
Wears: Glasses

4. Last Name: LastName	First Name: S4.FirstName	Middle Name:
Grade: PK3	Gender: Female	DOB: 10/11/2009 Birth Place: Street, USA
Lives With: Both	Custody Issues: Custody Issues	
Medical Verbiage		
Allergy: Food Allergy, Nuts Allergy		
Allergy Symptoms:		
Allergy Medication:		
Any Medical Conditions?:		
Medications:		
Wears: None		

MEDICAL INFORMATION		
Doctor: LastName, FirstName	Address: Street, City, CA - 11111,	Phone: 123-456-7890
Dentist: LastName, FirstName	Address: Street, Cross, City, CA - 12345678,	Phone: 123-456-7890
Health Insurance: Insurance Name	Group #: BNDF1234567	Subscriber #: 12345ASD789

EMERGENCY CONTACT INFORMATION			
Emergency Verbiage			
Name (Relation)	Address	Mobile	Phone
LName, FName (Grandfather)		123-456-7890	123-456-7890
LName, FName (Grandmother)	Street, Cross, City, CA - 11111, USA	123-456-7890	123-456-7890

Signature Verbiage

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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EMERGENCY RELEASE INFORMATION			
Full Name: LastName, S1.FirstName	Was released to:	Date:	Time:
Location Released To:			
School Official Releasing Child:			
Full Name: LastName, S2.FirstName	Was released to:	Date:	Time:
Location Released To:			
School Official Releasing Child:			
Full Name: LastName, S3.FirstName	Was released to:	Date:	Time:
Location Released To:			
School Official Releasing Child:			
Full Name: LastName, S4.FirstName	Was released to:	Date:	Time:
Location Released To:			
School Official Releasing Child:			