

Summerwood Elementary and Middle School

LastName, S1.FirstName
- PK3

EMERGENCY FORM

STUDENT'S PERSONAL INFORMATION			
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
Address: Street, City, CA 11111			
Lives With: Father		Custody Issues: Custody Issues	

Mother: LastName, M.FirstName		Security Question: Answer	
Work: 123-456-7890	Mobile: 123-456-7890	Contact Order: 2	
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: 123-456-7890	Mobile: 123-456-7890	Contact Order: 1	
Work Address: Street, Address2, City, CA - 22222, USA			Email: father@email.com
Occupation: Occupation	Employer: Employer	Work Hours: 8AM to 5PM	

MEDICAL INFORMATION			
Medical Verbiage			
Allergy: Food Allergy, Nuts Allergy			
Allergy Symptoms:			
Allergy Medication:			
Any Medical Conditions?:			
Medications:			
Wears: Contact Lenses			
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

EMERGENCY RELEASE INFORMATION			
Full Name: LastName, S1.FirstName	Was released to:	Date:	Time:
Location Released To:			
School Official Releasing Child:			