



## Student Emergency Information Form

(This form reflects information provided at student's registration and should be updated by parent or guardian on an annual basis.)

Current Grade/Class: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Secondary Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Primary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Emergency Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person verifying student information