

Elementary School Student Emergency Information Sheet

Please complete all sections of this form to ensure the school has accurate emergency contact information for your child.

1. Student Information

Student's Full Name:

Date of Birth:

Grade Level:

Homeroom Teacher:

Home Address:

Home Phone Number:

2. Parent / Guardian Contact Information

Primary Contact

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Email Address:

Employer / Work Location:

Secondary Contact

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Email Address:

Employer / Work Location:

3. Alternative Emergency Contacts

Please list individuals who can be contacted and are authorized to pick up your child if parents/guardians cannot be reached.

Emergency Contact 1

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

Emergency Contact 2

Full Name:

Relationship to Student:

Primary Phone:

Secondary Phone:

4. Medical and Health Information

Primary Care Physician Name:

Physician Phone Number:

Preferred Hospital:

Known Allergies (Food, Medication, Environmental):

Current Medications taken regularly:

Other Medical Conditions / Critical Health Information:

5. Authorization and Signature

In the event of an emergency, I authorize the school to take necessary measures to ensure my child's safety, including contacting the medical professionals listed above or seeking emergency medical treatment.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: