

**2015-2016 STUDENT EMERGENCY FORM
SUNSET RIDGE SCHOOL DISTRICT 29**

STUDENT NAME:

2015/16 Grade Level:

Birthdate:

Student's Primary Mailing Address:

Home Phone#:

PARENT INFORMATION:

Mother's Name:

Mother's Work Phone #:

Mother's Cell Phone #:

Mother's E-mail address:

Father's Name:

Father's Work Phone #:

Father's Cell Phone #:

Father's E-mail address:

IN CASE OF AN EMERGENCY who should be called first?

_____Mother

_____Father

Phone number to be called first in case of an emergency:

STUDENT MEDICAL INFORMATION:

Food Allergies:

____Peanut ____Tree-nut ____Other

Would you prefer your child eat lunch at the peanut/tree nut free table in the cafeteria?

____Yes

____No

Medication Allergies:

Other Allergies:

Pertinent Medical Information:

Current Medications Taken Daily:

At Home:

At School:

Please check this box if you agree to allow health staff to share medical information with school staff, as needed.

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STUDENT NAME:

Any additional information you would like to share:

#1 Emergency Contact Person (other than parent/guardian):

Name: _____

Relationship: _____

Contact Phone#:

1) _____

2) _____

#2 Emergency Contact Person (other than parent/guardian):

Name: _____

Relationship: _____

Contact Phone#:

1) _____

2) _____

For SCHOOL COMMUNICATION/EMERGENCY NOTIFICATION purposes, please list the PRIMARY phone number and e-mail address you would like entered into these systems:

Primary Phone#:

Primary E-mail Address:

PARENTAL/GUARDIAN STATUS:

___ Single ___ Married ___ Divorced

___ Separated ___ Widowed

If divorced or separated - Please indicate the custodial arrangements for child(ren) and provide the appropriate school office(s) with a copy of the court ordered custodial agreement: (Circle One)

___ Joint ___ Other

Please explain living and visitation arrangements:

Non-custodial parent/guardian allowed to pick up child(ren)?

___ Yes ___ No

Mailing Address of Non-custodial Parent:

Non-custodial parent/guardian to receive school information? _____

___ Yes ___ No

PLEASE NOTIFY THE APPROPRIATE SCHOOL OFFICE(S) IF THERE ARE CHANGES TO THE INFORMATION INCLUDED ON THIS FORM

Parent/Guardian Signature

Date