

**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