

EAST ALTON DISTRICT #13 PUPIL EMERGENCY INFORMATION

(Please complete both sides)

Student's Name: _____ **Birth Date:** _____ **Grade:** _____ **Teacher:** _____

Address: _____ **City/State/Zip Code:** _____

My child lives with: _____ both parents _____ mother _____ father _____ guardian

Siblings in the East Alton District # 13: Name _____ Grade _____ Name _____ Grade _____

Medicaid Identification #: _____ (If Applicable)

PARENT/GUARDIAN INFORMATION

Person/s Responsible for Decision Making: Yes No

Person Responsible for Official Decision Making: Yes No

Father's Name: _____

Mother's Name: _____

Home Address: _____

Home Address: _____

Home Phone# _____ **Mobile #** _____

Home Phone# _____ **Mobile #** _____

City & State/Zip Code: _____

City & State/Zip Code: _____

Employment: _____

Employment: _____

Work Phone # _____

Work Phone # _____

E-mail address: _____

E-mail address: _____

May Pick Up Student: _____ Yes _____ No

May Pick Up Student: _____ Yes _____ No

EMERGENCY CONTACT INFORMATION – (4 Emergency Contacts Needed)

Contact Order: 1

Contact Order: 2

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Phone # _____ **Mobile #** _____

Home Phone # _____ **Mobile #** _____

May Pick Up Student: _____ Yes _____ No

May Pick Up Student: _____ Yes _____ No

Contact Order: 3

Contact Order: 4

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Phone # _____ **Mobile #** _____

Home Phone # _____ **Mobile #** _____

May Pick Up Student: _____ Yes _____ No

May Pick Up Student: _____ Yes _____ No