

PUPIL EMERGENCY INFORMATION

(Please complete both sides)

Student 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 Number (If Applicable) _____

PARENT/GUARDIAN INFORMATION

Contact Order: 1 (All official correspondence will be sent to this parent/guardian)

Person/s Responsible for Decision Making: Yes No

Last Name _____

First Name _____

Relationship to Child _____

Home Address _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Place of Employment _____

Email _____@_____

May Pick Up Student _____ Yes _____ No

Contact Order 2

Person Responsible for Official Decision Making Yes No

Last Name _____

First Name _____

Relationship to Child _____

Home Address _____

Home Phone _____

Mobile Phone _____

Work Phone _____

Place of Employment _____

Email _____@_____

May Pick Up Student _____ Yes _____ No

EMERGENCY CONTACT INFORMATION – (4 Emergency Contacts Needed)

Contact Order: 1

Last Name _____

First Name _____

Relationship to Child _____

Home Phone _____

Mobile Phone _____

Other _____

May Pick Up Student _____ Yes _____ No

Contact Order: 2

Last Name _____

First Name _____

Relationship to Child _____

Home Phone _____

Mobile Phone _____

Other _____

May Pick Up Student _____ Yes _____ No

Contact Order: 3

Last Name _____

First Name _____

Relationship to Child _____

Home Phone _____

Mobile Phone _____

Other _____

May Pick Up Student _____ Yes _____ No

Contact Order: 4

Last Name _____

First Name _____

Relationship to Child _____

Home Phone _____

Mobile Phone _____

Other _____

May Pick Up Student _____ Yes _____ No