

STUDENT EMERGENCY INFORMATION

Grade _____ Teacher _____ Rm# _____ F/M _____ Bus# _____

Student's Name _____ Last _____ First _____ DOB _____

Street/PO Box _____ City/Town _____

Home Phone# _____ Cell # _____ Internet Available at home Yes No

Email _____ I would prefer to be contacted via _____

Person child lives with: () Both () Father () Mother () Guardian

Father _____ Mother _____

Employer _____ Phone# _____ Employer _____ Phone# _____

Please list all siblings in your home (include non- school age children):

Siblings: _____
Grade DOB _____ Grade DOB _____
_____ Grade DOB _____ Grade DOB _____

List **two emergency names** and phone numbers of people who have permission to assume temporary care of your child if you cannot be reached:

1) Name _____ 2) Name _____
Address _____ Address _____
Phone# _____ Phone # _____

Daycare / Childcare Information:

Name _____ Phone/Cell# _____
Address _____ Bus# AM _____ PM _____

Medical Information

For educational purposes, I wish to share the following information with Holley Central School District staff:

Health Conditions _____

Allergies _____

Medications _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements deem necessary.

Signature of parent or guardian (required) _____

Physician's Name _____ Dentist's Name _____

Office Phone# _____ Office Phone# _____

Press firmly using a ballpoint pen

White Copy – Office

Yellow Copy – Nurse

Pink Copy - Teacher