

CSLA STUDENT EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
Grade: _____ DOB: _____

Sibling(s) and their Grade(s)

Student Home Address

Street Name: _____ Apt. No: _____ City: _____ Zip: _____

With whom does the child live? Name: _____ Relationship: _____

Parent 1/Guardian(Last, First): _____

Parent 2/Guardian(Last, First): _____

Email Address: _____

Email Address: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Who can pick your child up from school?

Name	Relation	Phone
1. _____		
2. _____		
3. _____		

Afternoon Dismissal: my child is usually a:

_____ Car Rider

_____ Bus Rider (Bus #: _____)

_____ Depends on the day. Please explain: _____

Health/Emergency Information

Child's Known Health problems: Heart _____ Epilepsy _____ Diabetes _____ Allergies _____ Other _____
(Please provide documentation regarding any of the above health problems)

Person(s) who you would like us to call in case of emergency, if parent cannot be reached:

Name _____ Phone#: _____

Name _____ Phone#: _____

Emergency Permission:

In case of emergency and I cannot be contacted, take my child to: _____ Hospital
(I will assume financial responsibility)

Signature: _____ Family Doctor: _____

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