



STUDENT EMERGENCY INFORMATION FORM 2016-2017

Child's name: _____ Preferred Name: _____ Grade: _____
(Last) (First) (Middle)

Birth date: _____ Age: _____ Sex: M / F Student lives with: [] Parents [] Guardian
MO / DAY / YR

Parent's names: (mother) _____ (father) _____

Mother's cell phone: _____ Father's cell phone: _____

Mother's email: _____ Father's email: _____

Home phone: _____

Mailing Address: _____

If child lives in dorm or with guardian:

Guardian/Dorm Contact: Name _____ Home phone: _____

Cell phone _____ Email Address: _____

Mailing Address: _____

EMERGENCY CONTACTS (IN ORDER OF WHO TO CONTACT FIRST)

***Mandatory Information: Names and numbers of at least 4 individuals including the primary care giver who can make decisions related to the care for your child. (Must be local contacts)*

Please list in order of which are to be contacted:

1) Name: _____ Home phone: _____ Cell phone: _____

2) Name: _____ Home phone: _____ Cell phone: _____

3) Name: _____ Home phone: _____ Cell phone: _____

4) Name: _____ Home phone: _____ Cell phone: _____

As the parent/guardian, I give my permission for GIS to provide for emergency care and transport for the above student, if myself or if none of the above contacts can be reached or if emergency transport cannot be delayed.

Parent/Guardian (circle one) signature _____ Date _____

RenWeb Date: _____