

STUDENT EMERGENCY INFORMATION FORM

2020-2021

STUDENT'S NAME _____ GRADE _____
FIRST MIDDLE LAST
Entering 9/10/20HOME ADDRESS _____
STREET CITY STATE ZIPCODE

HOME TELEPHONE NUMBER _____ DATE OF BIRTH _____

CAREGIVER INFORMATION

The information below will be used in case of injury or emergency school closing. Please make sure that this information is kept up-do-date.

1 _____

Parent/Guardian's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

Home Address same as above different, see below**Street Address (if different from above)**

City / State / Zip code

Home Phone number (if different from above)

E-mail address

Occupation

Place of Employment

2 _____

Parent/Guardian's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

Home Address same as above different, see below**Street Address (if different from above)**

City / State / Zip code

Home Phone number (if different from above)

E-mail address

Occupation

Place of Employment

The student's parents are: (please check one) single married partners separated
 divorced mother deceased father deceased remarried

The student's main residence is with: both parents mother only father only
 parents alternate custody guardian other (please specify) _____

Communication should go to: both parents- same address both parents- separate addresses mother only father only
 guardian other (please specify) _____

OVER

EMERGENCY CONTACTS

The information below will be used in case of injury or emergency. Due to COVID-19 concerns, you must pick up a child with symptoms within 1 hour of when you are called. Please make arrangements below for a back-up person/persons if you are unable to pick up within 1 hour.

Please be sure that all information is kept UP-TO-DATE.

PERSONS, (in addition to those listed on the previous page), **AUTHORIZED TO PICK UP THIS STUDENT IN CASE OF EMERGENCY, ILLNESS OR INJURY**, are:

3
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

4
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

5
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

6
CONTACT's Name

1st number to call in case of emergency

2nd number to call in case of emergency

Relationship to Student

Please call the office to authorize any changes or additions to the above.

PEOPLE AUTHORIZED TO PICK MY CHILD UP FROM SCHOOL ON A NON-EMERGENCY BASIS:
(car pools, childcare, playdates, etc.)

a. _____ d. _____

b. _____ e. _____

c. _____ f. _____

Please call the office to authorize any changes or additions to the above.



I hereby give permission for my child's image to be used in any promotional materials produced by Lansdowne Friends School, including the school web-site at www.lansdownefriendsschool.org

Signature of Parent/Guardian

Date

OVER...