

**EDWARDS-KNOX HIGH SCHOOL
EMERGENCY INFORMATION SHEET – 2010-2011**

Student Last Name: _____ First Name: _____ Middle: _____
Sex (circle one): Male or Female Date of Birth: _____
Mailing Address: _____

911 Address (if different): _____

Home Telephone Number: _____
Place of Birth: _____ Country: _____
Language Spoken at Home (circle one): English or Other (specify): _____
Grade: _____ Teacher: _____ Bus No.: _____ Bus Driver: _____

Parent/Guardian Information

Student lives with (circle one): Mother Father Other Guardian (if not parents)

Relationship to Students: _____

Mother's name: _____ Cell No.: _____

Work No.: _____

Father's name: _____ Cell No.: _____

Work No.: _____

Other Guardian's name: _____ Number.: _____

Mother's e-mail address: _____ Father's e-mail address: _____

Brothers & Sisters in School

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Emergency Contact Information

Person(s) to contact if parent not available & to whom we may release your child to:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

If there is an **early dismissal**, child should be sent to: _____
address: _____

Medication and/or special medical needs to share with staff: _____

Permission to (please check): Provide Treatment _____ Call Ambulance _____ Call Doctor _____

Parent/Guardian Signature: _____

Date: _____

PLEASE COMPLETE AND RETURN TO THE HIGHSCHOOL OFFICE