



**EMERGENCY INFORMATION**  
**2018/2019 School Year**

STUDENT NAME \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

Primary email address \_\_\_\_\_  check if address cannot be published

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Church Membership: \_\_\_\_\_



IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL SHOULD CONTACT:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

*PLEASE COMPLETE BACK SIDE OF FORM*



Family Health Insurance Carrier \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_



Doctor \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_



Please describe any special health concerns:

Please describe any special instructions to be used in the case of an emergency:



I authorize the faculty or staff of EGL to call the above named physician or dentist if an emergency exists.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize the faculty or staff EGL to call the Elm Grove Rescue Squad for an emergency.  
Yes \_\_\_\_\_ No \_\_\_\_\_



EARLY SCHOOL DISMISSAL – When the need arises to have an early dismissal, I request the following:

1. Contact mother \_\_\_\_\_
2. Contact father \_\_\_\_\_
3. My child is enrolled at EGL Child Care & my child should go there \_\_\_\_\_



This form will remain in effect until I revoke said information and/or permission in writing.

**Signature:** \_\_\_\_\_  
**(parent/legal guardian)**

**Date:** \_\_\_\_\_