

Student Emergency Record

Student Information	
Name:	Gender:
Date of Birth:	Race:
Grade:	Bus #:
Blood Type:	Locker #:
Church Affiliation:	Locker Comb:
Medical Condition:	
Allergies:	

Family Information	
Family Name:	Home Address:
Phone:	
Father Name:	Father Cell Phone:
Father Employer:	Father Work Phone:
Father E-Mail:	Father Work Hours:
Mother Name:	Mother Cell Phone:
Mother Employer:	Mother Work Phone:
Mother E-Mail:	Mother Work Hours:
Split Family? Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-Custodial Parent to receive mailings? Yes <input type="checkbox"/> No <input type="checkbox"/>
Custodial Parent Name:	
Non-Custodial Parent Address:	

Emergency Contacts				
Name	Relationship	Home Phone	Business Phone	Mobile Phone

Pickup Information				
Name	Relationship	Home Phone	Business Phone	Mobile Phone

Medical Information	
Physician:	Physician Phone:
Dentist:	Dentist Phone:
Hospital:	Insurance:

Policy Number:

Insurance Phone: