

**ARCOHE UNION SCHOOL DISTRICT
EMERGENCY INFORMATION**

Student's Name:

<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First	SS#	Birth Date
		Grade	
<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First	SS#	Birth Date
		Grade	
<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First	SS#	Birth Date
		Grade	
<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First	SS#	Birth Date
		Grade	

Home Phone: _____ **E-mail Address:** _____

Street Address: _____ Mailing Address: _____

Student Lives With: _____ Relationship to Child: _____ Cell Phone: _____

Employed by: _____ Occupation: _____

Name of Employer City and Phone
Relationship

Student Lives With: _____ Relationship to Child: _____ Cell Phone: _____

Employed by: _____ Occupation: _____

Name of Employer City and Phone
Relationship

Shall parent be called at place of employment in case of emergency? Yes _____ No _____

PERSON TO CALL IN AN EMERGENCY IF PARENT CANNOT BE REACHED:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PERSON ALLOWED TO PICK UP STUDENT (S) AS NECESSARY THROUGHOUT THE SCHOOL YEAR:

Name _____ / _____ Special Instructions _____

Name _____ / _____ Special Instructions _____

Family Doctor: _____

Name City Phone

May this doctor be called in case of an emergency? Yes _____ No _____

Medical concerns or allergies of child: _____

In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon. I agree to bear all costs incurred as a result of the foregoing.

Date: _____ Signature: _____

If, in the future, any of the above information changes, it is the parent's responsibility to inform the school.