



BRANDYWINE COMMUNITY SCHOOLS EMERGENCY FORM

Teacher: _____

STUDENT INFORMATION (Please Print)

Student's Legal Last Name	Legal First Name	Middle Name	Suffix
Birth Date MM/DD/YYYY	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Preferred Name	
Street Address (Primary Household)		Apt/Lot #	PO Box
City	State	Zip	County

LEGAL PARENT(S) OR GUARDIAN(S) LIVING IN PRIMARY HOUSEHOLD

Full Legal Name(s) (First, Middle, Last)						
Relationship to Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Grandparent
	<input type="checkbox"/> Court Guardian		<input type="checkbox"/> Other _____	<input type="checkbox"/> Court Guardian		<input type="checkbox"/> Other _____
Employer Name						
Employer Phone						
Cell Phone						
Email Address						
ACTIVE MILITARY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

Michigan law allows student information to be shared with both parents, regardless of marital status, unless a court order dictates otherwise. Please provide the school with any current legal court documents or restraining orders pertaining to this student.

SECONDARY HOUSEHOLD INFORMATION (Does student have a legal parent/guardian living at a different residence?)

Full Legal Name (First, Middle, Last)				
Relationship to Student	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Court Guardian	<input type="checkbox"/> Other _____
Employer Name			Employer Phone	
Home Phone			Cell Phone	
Street Address			Apt/Lot #	PO Box
City	State	Zip	Email Address	
ACTIVE MILITARY	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

In case of accident, illness, during the day and we are unable to reach you, please give the names of two relatives/friends/neighbors that have a phone and could be responsible for your student.

CONTACT #1

CONTACT #2

Full Legal Name(s)		
Relationship to Student		
Cell Phone		

Alert Contact Information: This information will be used to contact you for emergency school closing, school updates, and any other information sent home.

PHONE/CELL	
PHONE/CELL	
EMAIL	
EMAIL	

OTHER CHILDREN ATTENDING MERRITT FOR CONFERENCE PURPOSES

Last Name	First Name	Merritt Teacher

HEALTH/MEDICAL INFORMATION NO KNOWN MEDICAL PROBLEMS

Please state any health problems including food allergies that the school staff should be aware of.

I do / do not (circle one) give permission for my child to be photographed, videotaped, and/or interviewed by various media sources.

YOUR STUDENT MAY TAKE FIELD TRIPS THROUGHOUT THE SCHOOL YEAR (YOU WILL BE NOTIFIED BY THE TEACHER OF SUCH TRIPS)

Parent/Guardian Signature

Date