

South Butler County School District EMERGENCY FORM

Please complete and return this form tomorrow to the homeroom teacher.

Grade: _____ Homeroom: _____

STUDENT'S NAME:

 Last _____ First _____ Middle _____ Preferred _____
 Male: _____ Female: _____ Date of Birth: _____

Address: _____ Preferred phone: _____
 Street _____ City _____ Zip _____

Parent Email: _____ Parent email #2: _____

List known medical problems, allergies, reactions, and treatments:

 Physician: _____ Telephone: _____ Dentist: _____ Telephone: _____

Mother's Name: _____ Telephone: _____ Father's Name: _____ Telephone: _____

First preferred contact:

Mother ___ Father ___ Stepparent ___ Guardian ___ Other ___

Area Code and Telephone Number

Home _____
 Cell _____
 Work _____

 Last _____ First _____

Place of Employment: _____

Address (if different from student's): _____

Second preferred contact:

Mother ___ Father ___ Stepparent ___ Guardian ___ Other ___

Area Code and Telephone Number

Home _____
 Cell _____
 Work _____

 Last _____ First _____

Place of Employment: _____

Address (if different from student's): _____

ALTERNATE EMERGENCY NUMBERS: (if parent/guardian cannot be located):

1. _____
 Name _____ Address _____ Phone No. _____

Relationship: _____

2. _____
 Name _____ Address _____ Phone No. _____

Relationship: _____

Names and grades of your other children:

1. _____ 2. _____ 3. _____ 4. _____
 Name/Grade Name/Grade Name/Grade Name/Grade

Use the space below for additional information or custody schedules.

Signature of Parent or Guardian

Date