

# Family and Emergency Contact Information

**Due July 1, 2011**

## Emergency Permission and Student Health History Form

**The Emergency Permission form must be signed and returned to the school each year. Students will not be permitted to go off campus with the Bounders classes, after-school programs, or class field trips unless we have this form.**

**Tylenol, Advil and Motrin are the only over-the-counter medication that will be stocked by the school. The form must be signed in order for your child to receive these medications, if needed.**

## Emergency Information Form

**The Emergency Information form contains data that will be used for the student telephone directory as well as the emergency book that must accompany students when they go off campus.**

**Please print in black ink when completing the form. To guarantee that your correct address and telephone number are included in the student telephone directory, we must have the forms returned by July 1, 2011.**



# 2011-2012 Family & Emergency Contact Information

Side 1 – Please complete both sides

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First MI

## Parent/Guardian Information:

**Marital status:**  Married  Separated  Divorced\*  Widowed  Single  
*\*Please include Step-Parent information on a separate sheet*

If not with both parents, with whom does the student make his/her permanent home? \_\_\_\_\_

*Parent/Guardian information as it will appear in our Parent/Student Directory.*

**Parent/ Guardian:** preferred salutation Mr. Mrs. Miss Ms. Dr. Other \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

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

preferred email: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

**Parent/ Guardian:** preferred salutation Mr. Mrs. Miss Ms. Dr. Other \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

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

preferred email: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_

**Sibling Information:** Relationship Relationship

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

## Emergency Contact Information

