

REQUEST FOR EMERGENCY INFORMATION

Manchester Shortsville Central School District

1506 Route 21, Shortsville, NY 14548

Elementary School 585-289-9647 fax 585-289-4499

Middle School 585-289-3967 fax 585-289-8715

High School 585-289-3966 fax 585-289-4755

(Please print and do not use pencil/gel pens)

SCHOOL YEAR _____ GRADE _____ DATE _____

STUDENT NAME _____

(Last Name)

(First Name)

(Middle Name)

Date of Birth

STUDENT ADDRESS _____ HOME PHONE # _____

FATHER/GUARDIAN INFORMATION:

NAME _____

HOME PHONE # (____) _____ CELL PHONE OR PAGER # (____) _____

E-MAIL ADDRESS _____

ADDRESS* _____

EMPLOYER _____ WORK PHONE # _____

WORK ADDRESS _____

OK TO PICK STUDENT UP FROM SCHOOL? YES NO

*Please complete if different from student's home address and/or telephone number.

MOTHER/GUARDIAN INFORMATION:

NAME _____

HOME PHONE # (____) _____ CELL PHONE OR PAGER # (____) _____

E-MAIL ADDRESS _____

ADDRESS* _____

EMPLOYER _____ WORK PHONE # _____

WORK ADDRESS _____

OK TO PICK STUDENT UP FROM SCHOOL? YES NO

*Please complete if different from student's home address and/or telephone number.

STEP-PARENT/GUARDIAN INFORMATION:

NAME _____

HOME PHONE # (____) _____ CELL PHONE OR PAGER # (____) _____

E-MAIL ADDRESS _____

ADDRESS* _____

EMPLOYER _____ WORK PHONE # _____

WORK ADDRESS _____

OK TO PICK STUDENT UP FROM SCHOOL? YES NO

*Please complete if different from student's home address and/or telephone number.

Please be sure to provide any "Orders of Protection"

My child _____ MAY or _____ MAY NOT be released to non-custodial parent

(please complete reverse & sign & date bottom of form)

PARENTS/GUARDIANS: Occasionally children become ill while they are in school or they may have an accident (usually not serious). The school must have on file information that can be used to contact you. **Please give the following information for emergency information only.** If there is a change in this information, please notify the school in writing as soon as possible. It would be greatly appreciated if you would complete this form and return it to the office at your convenience. Thank you in advance for your assistance in this request.

The following individuals have permission to pick up my child in case of emergency or illness if I cannot be reached. **I understand that all previous emergency release names will be deleted.**
(you may include additional names & information on another sheet)

NAME _____ ADDRESS _____
PHONE # _____ RELATIONSHIP _____
CELL PHONE # _____ WORK PHONE # _____

NAME _____ ADDRESS _____
PHONE # _____ RELATIONSHIP _____
CELL PHONE # _____ WORK PHONE # _____

CHILD CARE PROVIDER EMERGENCY INFORMATION:

NAME _____
HOME PHONE # (____) _____ CELL PHONE OR PAGER # (____) _____
E-MAIL ADDRESS _____
ADDRESS _____
OK TO PICK STUDENT UP FROM SCHOOL? YES NO

If we cannot reach you and feel that your family doctor is needed, please supply this information:

Family Doctor _____ Address _____
Phone # _____

I authorize the nurse to call my child's doctor in an emergency _____
(Parent/Guardian Signature)

Sibling(s) (living in household) information:

Name _____ DOB/Grade _____

Name _____ DOB/Grade _____

Name _____ DOB/Grade _____

Signature _____ Date _____
(please complete reverse)