

Arcohe Union School District

Emergency Information

Student's Name:

_____/_____/_____/_____
Last Name First Grade Birth Date

_____/_____/_____/_____
Last Name First Grade Birth Date

_____/_____/_____/_____
Last Name First Grade Birth Date

_____/_____/_____/_____
Last Name First Grade Birth Date

Home Phone: _____ Email: _____

Street Address: _____ Mailing Address: _____

Student lives with: _____ Relationship to child: _____ Cell #: _____

Employer: _____ Occupation: _____ Work #: _____

Student lives with: _____ Relationship to child: _____ Cell #: _____

Employer: _____ Occupation: _____ Work #: _____

PERSON TO BE CALLED IN CASE OF EMERGENCY AND ALLOWED TO PICK UP FROM SCHOOL:

_____/_____/_____/_____
Name Special Instructions Name Special Instructions

_____/_____/_____/_____
Name Special Instructions Name Special Instructions

Family Doctor: _____ Phone #: _____ May this doctor be called in an emergency? Yes ___ No ___

Medical concerns or allergies: _____

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.

Signature: _____

Date: _____

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

I give my child permission to walk/ride bike to and from school during the school year. YES ___ NO ___