EMERGENCY INFORMATION
2019/2020 School Year

STUDENT NAME _____ Sex: _____ DOB: _____ Grade: _____

STUDENT NAME _____ Sex: _____ DOB: _____ Grade: _____

STUDENT NAME _____ Sex: _____ DOB: _____ Grade: _____

Address_____

City: _____Zip Code: _____ HOME PHONE: (_____)_____

Primary email address_____ ☐ check if address cannot be published

Father: _____	Mother: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Cell Phone:	Cell Phone:
Do you accept text alerts? ☐Yes ☐ No _____	Do you accept text alerts? ☐Yes ☐ No _____
Church Membership: _____	Church Membership: _____

IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL SHOULD CONTACT:

1._____Relationship _____Phone(_____)_____

2._____Relationship_____Phone(_____)_____

PLEASE COMPLETE BACK SIDE OF FORM

Family Health Insurance Carrier _____

Insurance Policy Number_____

Doctor _____ Office Phone (____)_____

Dentist _____ Office Phone (____)_____

Please describe any special health concerns:

Please describe any special instructions to be used in the case of an emergency:

I authorize the faculty or staff of EGL to call the above named physician or dentist if an emergency exists.
Yes_____No_____

I authorize the faculty or staff EGL to call the Elm Grove Rescue Squad for an emergency.
Yes_____ No_____

EARLY SCHOOL DISMISSAL – When the need arises to have an early dismissal, I request the following:

1. Contact mother _____
2. Contact father _____
3. My child is enrolled at EGL Child Care & my child should go there _____

This form must be completed each August. If there are any changes to this form during the 2019-2020 school year, please submit the update(s) in writing to the school office.

Signature: _____ Date: _____
(parent/legal guardian)