



EMERGENCY INFORMATION
2020/2021 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 of EGL to call the Elm Grove Emergency Medical Services 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 2020-2021 school year, please submit the update(s) in writing to the school office.

Signature: _____
(parent/legal guardian)

Date: _____