



EMERGENCY INFORMATION FORM

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

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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 Do you accept text alerts?

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(____) _____

Family Health Insurance Carrier _____

Insurance Policy Number _____

Hospital Preference: _____

OVER->

Doctor _____ Office Phone (____)_____

Dentist _____ Office Phone (____)_____

Please describe any special health concerns/notes:

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 EMS- (Emergency Medical Services Rescue Squad) for a health 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 for afterschool care_____



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

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