

Freeport Area School District EMERGENCY INFORMATION FORM

Date: _____

STUDENT _____ Grade _____ Sex _____
Last Name First Name Middle Name

Mailing Address _____
Street City Zip

Residence Address _____
(If different from mailing address) Street City Zip

Phone: Listed Not Listed (_____) _____ — _____ Date of Birth ____/____/____

Race (Choose One): White Black Latino/Hispanic Asian/Pacific Islander
 American Indian/Native Alaskan Multi-Racial/Ethnic

Bus # AM _____ PM _____ How many miles is the school from your home? _____ Miles

Are you a Butler or Armstrong County resident? Butler Armstrong

Does your child receive special education services or have a 504 Plan? Yes No

If yes, explain _____

MOTHER Mrs. Ms. _____
First Name Last Name Relationship (Guardian, Step-Mother, etc.)

Address _____
Street City Zip (_____) _____ — _____
Telephone Number

Employer _____ Occupation _____

Work Phone (_____) _____ — _____ Cell Phone (_____) _____ — _____

Email Address _____

1st Contact _____ 2nd Contact _____

FATHER Mr. _____
First Name Last Name Relationship (Guardian, Step-Father, etc.)

Address _____
Street City Zip (_____) _____ — _____
Telephone Number

Employer _____ Occupation _____

Work Phone (_____) _____ — _____ Cell Phone (_____) _____ — _____

Email Address _____

1st Contact _____ 2nd Contact _____

Name(s) of Sisters/Brothers	Date of Birth	School Now Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(1) Emergency contact if parent(s) cannot be reached:

First Name Last Name Relationship to Student
Phone Number (____) ____ — ____ Cell Phone (____) ____ — ____
Street _____ City _____ Zip _____

(2) Emergency contact if parent(s) cannot be reached:

First Name Last Name Relationship to Student
Phone Number (____) ____ — ____ Cell Phone (____) ____ — ____
Street _____ City _____ Zip _____

Does your child have any medical problem which you wish to call to the attention of the school? Yes NO

Student's Special Medical Alert _____
(Allergies, asthma, etc.)

Physician _____ Phone Number (____) ____ — ____

Dentist _____ Phone Number (____) ____ — ____

In the case of accident or serious illness, I request the school contact me. If the school is unable to reach me or the above named people, or the situation demands immediate medical attention beyond that covered by school policy, I hereby authorize the school to arrange to have my child taken to the Emergency Room of the nearest available hospital by ambulance as may be required. Once admitted to the Emergency Room, I give my permission for necessary medical/surgical care to begin immediately for my child.

Signature