Stanley M. Koziol Elementary School

Emergency Information Form

Bus Route_____ E- MAIL ADDRESS _____ Pick up: YES/NO

Grade _____ Home Room Teacher_____ Male/Female _____

Please Print:

Student's Legal Name: _____
Last First Full Middle name

Address: _____

Home Phone# _____ D.O.B ___/___/_____ Birthplace_____

Custodial Father: _____
Last First Where Employed

Work Phone# _____ Cell Phone _____

Custodial Mother: _____
Last First Where Employed

Work Phone# _____ Cell Phone _____

Legal Custody: _____Mother _____Father _____Both _____ Foster _____ Other

Who does the student live with?_____

List up to (4) parties who can be reached by phone and who will assume temporary care of your child if you can not be reached:

Name: _____ Add. _____ Phone# _____

Name: _____ Add. _____ Phone# _____

Name: _____ Add. _____ Phone # _____

Name: _____ Add. _____ Phone # _____

IN CASE OF ACCIDENT OR ILLNESS, I request the School to contact me. If the School is unable to reach me, the school may make whatever arrangements seem necessary. STUDENTS TO BE RELEASED ONLY TO PERSONS LISTED ABOVE.

Please list any allergies below: (bees, nuts, chocolate, eggs, etc.)

_____

Physician's Name: _____ Phone#_____

Date: _____ Parent/Guardian Signature_____

ANY CHANGES IN THE ABOVE INFORMATION, PLEASE CONTACT THE SMK OFFICE!!!!!!!!