



# GLENFOREST SCHOOL

*A Positive Place to Learn*

## IN CASE OF EMERGENCY

Student Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Home #: \_\_\_\_\_

Mobile #: \_\_\_\_\_

### **Parent or Guardian Information**

**Mother's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

Mother Hm #: \_\_\_\_\_ Mother Mobile #: \_\_\_\_\_

Mother Bus #: \_\_\_\_\_ Mother Other #: \_\_\_\_\_

Business: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mother Email Address: \_\_\_\_\_

**Father's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

Father's Hm #: \_\_\_\_\_ Father's Mobile #: \_\_\_\_\_

Father's Bus #: \_\_\_\_\_ Father's Other #: \_\_\_\_\_

Business: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Alternative Contact if parents/guardians not available: \_\_\_\_\_

### **Medical Information**

Allergies: \_\_\_\_\_

Physical Conditions (i.e. Wears eyeglasses/contacts): \_\_\_\_\_

Diagnoses/Medical Reactions: \_\_\_\_\_

Medication child takes: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ - \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy/Group ID Numbers: \_\_\_\_\_

### **Pick up permission**

These people have permission to pick up my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_