



GLENFOREST SCHOOL

A Positive Place to Learn

IN CASE OF EMERGENCY

Student's Last Name: _____ Student's First Name: _____

Preferred Name: _____ Sex: _____ Student's T-Shirt Size: _____

Address: _____

Birthdate: _____ Age: _____ Student Lives With: _____

Parent or Guardian Information

Mother's/Guardian's Last Name: _____ First: _____

Mother's Home Address (if different from above): _____

Mother's Mobile #: _____ Receive Text Alerts? (Circle One) Yes No

Mother's Home #: _____ Mother's Work #: _____

Business: _____ Position: _____

Mother's Email Address: _____

Father's/Guardian's Last Name: _____ First: _____

Father's Home Address (if different from above): _____

Father's Mobile #: _____ Receive Text Alerts? (Circle One) Yes No

Father's Home #: _____ Father's Work #: _____

Business: _____ Position: _____

Father's Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Contact's Cell #: _____ Contact's Work #: _____

Name: _____ Relationship: _____

Contact's Cell #: _____ Contact's Work #: _____

Pick up permission

The following people have permission to pick up my child: _____

Medical Information

Allergies: _____

Physical Conditions (i.e. wears eyeglass): _____

Diagnoses/Medical Reactions: _____

Daily Medication(s) Student Takes: _____