

# Stanley M. Koziol Elementary School

## 2017-2018 Emergency Information Form

Bus #: \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Pick up: YES/NO  
Grade: \_\_\_\_\_ Home Rm Teacher: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Please Print:

Student's Legal Name: \_\_\_\_\_  
Last First Full Middle Name

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

Mailing Address if different: \_\_\_\_\_

Home Ph #: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace: \_\_\_\_\_

Custodial Father: \_\_\_\_\_  
Last First Where Employed

Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Custodial Mother: \_\_\_\_\_  
Last First Where Employed

Work #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Legal Custody:  Mother  Both  Other  
 Father  Foster

Who does the student live with? \_\_\_\_\_

List up to (3) Parties who can be reached by phone and who will assume temporary care of your child if you can not be reached:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**IF THERE ARE ANY CHANGES TO THE ABOVE INFORMATION,  
PLEASE CONTACT THE SMK OFFICE AT 413-967-6236**