

Ware Public Schools
Emergency Information Form

Grade: _____ Homeroom Teacher: _____ School Year: _____

Bus # _____ Pickup: YES/NO Walk: YES/NO Drive: YES/NO

Please Print:

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

Address: _____

Mailing Address (if different): _____

Home Phone #: _____ D.O.B. ____/____/____ Birthplace: _____

Legal Custody: Both parents Father Mother Guardian Foster Parent

<u>Parent/Guardian</u>	<u>Parent/Guardian</u>
_____ Last First	_____ Last First
_____ Where Employed	_____ Where Employed
_____ Work Phone # Cell Phone #	_____ Work Phone # Cell Phone #
_____ Email Address	_____ Email Address

List names of adults & children the student lives with: _____

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

Name	Name	Name
_____ Address	_____ Address	_____ Address
_____ Phone Number	_____ Phone Number	_____ Phone Number

IN CASE OF AN 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. STUDENT ONLY TO BE RELEASED TO PERSONS LISTED ABOVE.

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

Physician's Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____