

# MIDTOWN PRIMARY SCHOOL Student Emergency Information

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_ **AZ** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Mother's Home Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Company & Address \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

\_\_\_\_\_

Father's Home Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Company & Address \_\_\_\_\_

## Emergency Contact Numbers:

(In case of an emergency, late pick up, or illness we need at least 3 names to call if we cannot reach parent/guardian.)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If I cannot be reached, the above named people may be contacted and are authorized to pick up my child.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Special Instructions:

**Allergies or Special Conditions:** \_\_\_\_\_

\_\_\_\_\_

**NOT allowed to pick up student:** \_\_\_\_\_