

MIDTOWN PRIMARY SCHOOL
Student Emergency Information

| | | |
|-----------------|----------|-------------|
| Office Use Only | | |
| DOE _____ | CE _____ | WD CE _____ |

Student Name _____ Date of Birth _____

Home Address: _____
_____ AZ _____

Home Phone #: _____ Date of Enrollment: Re-enrollment 08/09

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: _____