

I. STUDENT INFORMATION (PRINT)

Family Last Name: \_\_\_\_\_

List each child in the family below. If any information is different for different children in family, fill out SEPARATE forms for each. If all emergency contact information is the same for all children, use ONE form.

Circle sex

Child 1: First/Middle Init.: \_\_\_\_\_ Nickname: \_\_\_\_\_ M/F Grade/Teacher: \_\_\_\_\_
Child 2: First/Middle Init.: \_\_\_\_\_ Nickname: \_\_\_\_\_ M/F Grade/Teacher: \_\_\_\_\_
Child 3: First/Middle Init.: \_\_\_\_\_ Nickname: \_\_\_\_\_ M/F Grade/Teacher: \_\_\_\_\_
Child 4: First/Middle Init.: \_\_\_\_\_ Nickname: \_\_\_\_\_ M/F Grade/Teacher: \_\_\_\_\_

II. PARENT CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_
Home Address \_\_\_\_\_
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Workplace \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ e-mail \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_
Home Address \_\_\_\_\_
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Workplace \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ e-mail \_\_\_\_\_

In case of emergency:

Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_
Hospital Preference \_\_\_\_\_ Hospital Choice: Metrowest Emerson
Health Insurance Company \_\_\_\_\_ Member ID# \_\_\_\_\_

III. OTHER CONTACT INFORMATION (Please provide the names and addresses of two adults (including childcare providers) who will care for your child if the parents cannot be contacted in case of dismissal from school or in an emergency.)

First Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to student \_\_\_\_\_
Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
Email Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Workplace \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_

Second Contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to student \_\_\_\_\_
Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
Email Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Workplace \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Extension \_\_\_\_\_

In case of emergency, every effort will be made to contact parents. The hospital choice will be made by emergency crew in any life-threatening situation. I give permission for Emergency Room Personnel to treat my child in the event of a life-threatening, disabling, or other potentially serious situation.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_