STUDENT HEALTH AND EMERGENCY INFORMATION FORM

Name_____
last first middle
Address_____

Home Phone ( )_____ Primary Language_____

Date of Birth_____Place of Birth_____ Grade_____ Sex_____

Parent/Guardian _____
Home Address & Phone_____
(if different from child's)
Place of Employment_____Days & Hours_____

Work/Cell Phone_____ Email address_____
Parent/Guardian_____
Home Address & Phone_____
(if different from child's)
Place of Employment_____Days & Hours_____

Work/Cell Phone_____ Email address_____

IN CASE OF EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT THE STUDENT'S PARENT/GUARDIAN DIRECTLY. THE STUDENT WILL BE SENT BY AMBULANCE TO AN EMERGENCY CARE FACILITY IF NECESSARY.

PERSONS TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED
(check box of those listed who are authorized to pick up/transport your child in case of emergency)

Name_____ Relationship_____
Daytime Phone ( )_____

Name_____ Relationship_____
Daytime Phone ( )_____

Name_____ Relationship_____
Daytime Phone ( )_____

NAMES/GRADES OF SIBLINGS IN NEWTON SCHOOLS

_____
last First Middle Grade School

_____
last First Middle Grade School

HEALTH ALERT/SPECIAL NOTES: List medical problems of which Treble Singers personnel should be aware in case of an emergency.

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