

MIDDLE SCHOOL EMERGENCY NOTIFICATION INFORMATION

Student Information	Student Name: Last Name		First Name	Middle Name	Birth Date:	Grade:
	If there is a custody or parenting plan in effect, are there restrictions on the non-custodial parent contact with the student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, plan must be on file with the school.			Student Email Address:		
	Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, legal papers must be on file with the school.					
	Restraining Order is against: Relationship to Student:					
Primary Household Information	Parent/Guardian #1 Name			Primary Phone:		Mobile Phone:
	Parent/Guardian #1 Email Address:					
	Employer			Work Phone:		Other Phone:
	Parent/Guardian #2 Name			Primary Phone		Mobile Phone:
	Parent/Guardian #2 Email Address:					
	Employer			Work Phone:		Other Phone:
EMERGENCY CONTACTS						
When injury, illness or other emergency situations involving your child occur, we want to quickly reach families or other responsible adults. In the event we cannot reach parent/guardian(s) listed above , list the persons you trust (first and last name) who are available during the day to provide care for your child. (Please provide non-resident parent information as an emergency contact if applicable).						
1.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
2.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
3.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
4.	Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
OUT-OF-STATE CONTACT						
Name		Relationship to Student	Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Second Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
REGULAR DISMISSAL PROCEDURES						
My child's regular dismissal routine is (SELECT ONE): <input type="checkbox"/> bus home <input type="checkbox"/> parent pick up <input type="checkbox"/> walk home <input type="checkbox"/> alternate care Name and phone number of alternate care provider (if applicable):						
EMERGENCY DISMISSAL PROCEDURES						
In the event of an unanticipated dismissal due to inclement weather, power outage, or other emergency, my child will (Please SELECT ONE option below): <input type="checkbox"/> bus home (this is only an option if student is a regular bus rider and buses are available) <input type="checkbox"/> parent pick up <input type="checkbox"/> walk home <input type="checkbox"/> alternate care pick up Name and phone number of alternate care provider (if applicable):						
Student Release Authorization: An emergency may require that we hold students at school for pickup. In that situation, we will release students only to the parents/guardians or those emergency contacts listed above. I authorize the school to release my student to the person(s) listed above.						
LEGAL PARENT/GUARDIAN SIGNATURE: _____ DATE _____						