Bartelso Elementary School District # 57
_____ School Emergency Form

STUDENT INFORMATION					
Student Legal Last Name	Student Legal First Name	Student Middle Name	Date of Birth	Gender ☐ Male ☐ Female	Grade Level **Please Choose**
Primary Address		PO Box	City	State	Zip Code
Sister(s) and/or Brother(s) in attendance				Primary Custody **Please Choose**	

PARENT/GUARDIAN INFORMATION # 1 (Lives with student)			
Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to student **Please Choose**	Place of Employment	Work Phone	Extension
Guardian Email Address (Parent Portal Access)			

PARENT/GUARDIAN INFORMATION # 2 (Lives with student)			
Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to student **Please Choose**	Place of Employment	Work Phone	Extension
Guardian Email Address (Parent Portal Access)			

ALTERNATE PARENT/GUARDIAN INFORMATION # 2 (Does NOT Live with student) Request Mailings ☐ Yes ☐ No			
Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to student	Place of Employment	Work Phone	Extension
Mailing Address	City	State	Zip Code
Email Address (Parent Portal Access)			

EMERGENCY CONTACTS – OTHER THAN GUARDIANS			
Contact Name	Relationship to Student	Cell Phone	Work/Other Phone
Contact Name	Relationship to Student	Cell Phone	Work/Other Phone

MEDICAL INFORMATION			
Allergies	Wears Glasses or Contacts	☐ **Yes**	☐ **No**
List any medications your child takes on a regular basis			
Family Physician	Phone Number	Family Dentist	Phone Number
Hospital or Medical facility choice			

In the event of a serious injury or illness, and the school is unable to reach a responsible adult, the paramedics will be contacted. I authorize the school to transport my child to the medical facility of my choice which is listed above. School employees will administer first aid as needed.

Date _____ Parent Signature _____