

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level Please Choose
Primary Address		PO Box	City	State	Zip Code
Sister(s) and/or Brother(s) in attendance				Primary Custody	
PARENT/GUARDIAN INFORMATION # 1 (Lives with student)					
Guardian Last Name	Guardian First Name	Cell Phone		Home Phone	
Relationship to student	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	Place of Employment	Work Phone		Extension	
Guardian Email Address (Parent Portal Access)					
ALTERNATE PARENT/GUARDIAN INFORMATION # 2 (Does NOT Live with student) Request Mailings <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any medications your child takes on a regular basis					
Family Physician		Phone Number	Family Dentist		Phone Number
Hospital or Medical facility choice					
<p>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.</p> <p>Date _____ Parent Signature _____</p>					