

ROCHESTER CITY SCHOOL DISTRICT
EMERGENCY INFORMATION FORM

It is extremely **important** that we keep our files up to date with the correct emergency information for all students. **Please fill out this form and return to school immediately.** All information will be kept strictly confidential to be used only by the principal, teacher, secretary, or nurse.

Please complete and return to the school office tomorrow.

Name of Student _____ (Last) _____ (First) _____ DOB _____

Home Address _____

School _____ Grade _____ Teacher _____ Home Phone _____

Parent/Guardian(s) _____ Located at _____ (During School Hours) _____ (Phone Numbers)
_____ Located at _____ (During School Hours) _____ (Phone Numbers)

If student resides with someone other than Parent/Guardian, write name and telephone number:

Other children in this school (first and last names): _____

Note: Please advise these individuals that you are listing them for emergency care in case the school is unable to reach you.

In the event of emergency, illness, or injury, the persons listed below will be contacted for care and

_____ at _____ (Name-indicated if relative, neighbor, friend) (Phone Numbers) (Phone Numbers)
_____ at _____ (Name-indicated if relative, neighbor, friend) (Phone Numbers) (Phone Numbers)

transportation:

1. Student's Physician _____ at _____
(Name) (Phone Number)
2. Student's Dentist _____ at _____
(Name) (Phone Number)
3. Hospital/Clinic Preference (when possible) _____ at _____
(Phone Number)
4. Student's Medical Insurance Carrier _____

In the event the student has a medical emergency and the parent/guardian or designated persons cannot be immediately contacted, school authorities will carry out their responsibility to ensure that the student receives medical assistance.

_____ Date

_____ Parent/Guardian Signature