



PENN-HARRIS-MADISON
SCHOOL CORPORATION

Emergency Contact Information

Each year we request that parents/guardians update the student(s) emergency contact information. You may make changes by writing them on this form, or through Family Access Center.

You must sign the other side of this form and return it to the school office within a week.

Please circle one.

Yes / No I have updated my child's emergency information through Family Access Center (FAC).

Note: Please be aware that changes of student address require 2 proofs of residence and must be handled in person at your student's school.

If we have a valid email address for you on file, you will get a welcome letter from Skyward including instructions for logging in.

Please make sure any health concerns are shown correctly on the other side. If anything has changed, we need to know as soon as possible. Health concerns cannot be updated through FAC. Please write them on the other side of this form and return it to the school office immediately.

Penn-Harris-Madison utilizes the School Messenger® alert notification service to distribute emergency messages, such as school closings, delays and student attendance (for unexcused absences).

We will use the home, cell and email address provided on this form. The "Primary" number will be called first in the event of an emergency, such as a school closing/delay. The "Primary" number can be a cell phone. Please also provide an email address, making sure it is current and correct. If at any point during the school year your contact information should change, it is your responsibility to notify your child's school as soon as possible.

Parents & guardians can set the preferences of how you want to receive these important notifications using the School Messenger parent portal, InfoCenter. You must have an email address on file with the school in order to manage your SchoolMessenger preferences online. Visit www.phmschools.org/parents/schoolmessenger for information on how to create your account and set up your preferences.

Student Name _____ **(PLEASE PRINT) Student ID** _____

Please update your employment information. Please print.

Father Name of Employer _____ Work # _____

Email: _____

Mother Name of Employer _____ Work # _____

Email: _____

Stepfather Name of Employer _____ Work # _____

Stepmother Name of Employer _____ Work # _____

_____ Name of Employer _____ Work # _____



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Emergency Contact Information

Contact 1 Name: _____
Telephone: _____
Relationship: _____

Contact 2 Name: _____
Telephone: _____
Relationship: _____

Contact 3 Name: _____
Telephone: _____
Relationship: _____

Please list siblings attending other P-H-M schools: **Name(s) / School(s)**

_____ / _____
_____ / _____
_____ / _____

Emergency & Medical Information

If your student has a serious health problem, please contact the school health office at the beginning of the school year to discuss.

Physician: _____ **Telephone:** _____
Hospital: _____
Health Issues on File (Allergies, etc): _____

Additional Health Concerns: _____

Medications Required: (at home or at school)

In an emergency, the school will take the necessary steps to ensure your child's safety, which could mean contacting an available doctor and/or 911 services. Information on this card may be shared with school staff on a need to know basis.

Signature of Legal Guardian: _____