

Fill out if elementary student  
Bus# \_\_\_\_\_ Walker? yes\_\_ no\_\_  
Teacher: \_\_\_\_\_

# Penn-Harris-Madison School Corporation

## Student Emergency Information

20\_\_-20\_\_ Grade \_\_\_\_  
Student date of birth: \_\_\_\_\_  
Month / Day / Year

School: \_\_\_\_\_

Student's name \_\_\_\_\_ Home phone \_\_\_\_\_

(Last) (First) (Middle)

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Legal guardian \_\_\_\_\_ Home phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's name \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Name of step-parent \_\_\_\_\_ Home phone \_\_\_\_\_

Father's employer \_\_\_\_\_ phone \_\_\_\_\_

Mother's employer \_\_\_\_\_ phone \_\_\_\_\_

Step-parent employer \_\_\_\_\_ phone \_\_\_\_\_

Student lives with:  Father  Mother  Both parents  Other If other, name: \_\_\_\_\_

If the student becomes ill or is injured and **parent/guardian cannot be reached**, please list in order of importance person to contact:

**We must have three emergency numbers.** Type: Home Work Pager Mobile

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

If an emergency arises (early dismissal) and you cannot be reached, this is **a home on the same bus route** to take the student:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Health Information:**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Health Conditions: (i.e. heart condition, diabetes, etc.) \_\_\_\_\_

Allergies and/or insect bite information: \_\_\_\_\_

Medication(s) required: \_\_\_\_\_

- Is there a restraining order against anyone regarding contact with your child \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, give name \_\_\_\_\_

**Copy of court document must be on file at the school office for school to comply.**

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

In an emergency, the school will take the necessary steps to insure your child's safety, which could mean contacting an available doctor and/or admitting the child to a hospital for treatment. Information on this card will be shared with transportation, your child's teacher and the school office.

Signature of Legal Guardian \_\_\_\_\_