

# THREE VILLAGE SCHOOLS EMERGENCY CONTACT INFORMATION

## **PARENTS/GUARDIANS: PLEASE FILL OUT CURRENT STUDENT INFORMATION.**

STUDENT NAME: \_\_\_\_\_ STUDENT ID # (if known): \_\_\_\_\_

STUDENT GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_ HOUSEHOLD PHONE: \_\_\_\_\_

MEDICAL NOTES: \_\_\_\_\_ CUSTODIAL NOTES: (Registrar requires documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ANY FUTURE PARENT/GUARDIAN NAME CHANGES ARE TO BE MADE THROUGH THE REGISTRAR'S OFFICE**

PARENT/GUARDIAN NAME: \_\_\_\_\_ PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN CELL: \_\_\_\_\_ PARENT/GUARDIAN CELL: \_\_\_\_\_

PARENT/GUARDIAN WORK: \_\_\_\_\_ PARENT/GUARDIAN WORK: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_ PARENT/GUARDIAN EMAIL: \_\_\_\_\_

PARENT/GUARDIAN OTHER: \_\_\_\_\_ PARENT/GUARDIAN OTHER: \_\_\_\_\_

## **PLEASE ENTER ALL NON-HOUSEHOLD CONTACT INFORMATION BELOW:**

NONHOUSEHOLD CONTACT NAME: \_\_\_\_\_ NONHOUSEHOLD CONTACT NAME: \_\_\_\_\_

NONHOUSEHOLD CONTACT RELATION: \_\_\_\_\_ NONHOUSEHOLD CONTACT RELATION: \_\_\_\_\_

NONHOUSEHOLD CONTACT HOME #: \_\_\_\_\_ NONHOUSEHOLD CONTACT HOME #: \_\_\_\_\_

NONHOUSEHOLD CONTACT CELL #: \_\_\_\_\_ NONHOUSEHOLD CONTACT CELL #: \_\_\_\_\_

OTHER NON-PARENT CONTACT: \_\_\_\_\_ OTHER NON-PARENT CONTACT PHONE #: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DENTIST NAME: \_\_\_\_\_

DOCTOR'S PHONE #: \_\_\_\_\_ DENTIST PHONE #: \_\_\_\_\_

RECENT INJURIES/HOSPITALIZATIONS – PLEASE INCLUDE DATE(S): \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL AUTHORIZED STUDENT PICKUP CONTACT NAMES: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_