



Webberville Elementary School Student Information & Emergency Contacts

___BUS ___WALK TEACHER_____ Grade_____

Student name_____ Date of Birth_____
(First, Middle, Last)

Address_____ Parent e-mail address_____

P.O. Box_____ City/Zip Code_____

Parent(s) name_____ Home phone_____

Parent work phone_____ Mother's Cell phone_____
(Check: Mother___ or Father___) Father's cell phone_____

Name of adult(s) with whom child resides_____
Relationship to student: Mother___ Father___ Grandparent___ Fosterparent___ Guardian___ Other___

FIRST CONTACT IN THE CASE OF AN EMERGENCY:

Please give the full name and complete phone number of this contact. This must be filled in-thanks.

Back up EMERGENCY Contacts: (Please give name, relationship and complete phone number)

- 1) _____ Phone_____
- 2) _____ Phone_____

Student's Family Physician:_____ Phone_____

Any allergies? Yes___ No___ If Yes, allergic to what?_____
(Please check one)

*If student takes daily medication, please see back page for information_____

EMERGENCY CONTACT PERSON & DESTINATION: *Please list all siblings names on bottom line. If school should UNEXPECTEDLY CLOSE, please send my child to –

Name/Address_____

Phone number of Emergency Contact_____

Siblings names_____

In case of an accident or emergency involving this child, please use the above information for emergency contacts. *I authorize Webberville Elementary School to make reasonable and necessary arrangements, should a medical emergency arise in my/our absence when I/we cannot be contacted or reached by telephone.* (Every phone number listed above will be called, as indicated.)

Date_____ Signature of Parent/Guardian_____

