MACGREGOR ELEMENTARY EMERGENCY FORM 07-08

Student's Name: _____
Last First Middle

Grade: _____ Teacher Name: _____ Birth Date: mm/dd/yyyy

Mother's Name: _____

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Phone: _____

E-mail: _____

Father's Name: _____

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Phone: _____

E-mail: _____

Whom does the child live with? _____

Emergency Contact Information: (other than parent)

Name _____ Relationship? _____ Phone_____

Name _____ Relationship? _____ Phone_____

Name _____ Relationship? _____ Phone_____

Medical Information: (i.e. allergies, medication etc. the school should know about concerns?)

_____

Names and age/grade of other children in the family:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

If your address or phone number has changed from last year, please check here. ☐ _____

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