## STUDENT EMERGENCY INFORMATION – 2014-15

Please fill out a separate form for each child that may have a different family name. Please complete all information on the <u>front</u> and <u>back</u> of this form and return it on first day of school.

## **STUDENT INFORMATION** Entering Grade, September 2014 Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip:\_\_\_\_ Home Phone Parent E-Mail: Pick Up: , or Morning Bus# Afternoon Bus# Bus Stop: $\square$ Please ( $\backslash$ ) check here if this is a new address, telephone number, and/or E-mail address. **SIBLINGS CURRENTLY ATTENDING SIDE BY SIDE:** Name Grade Date of Birth Name Grade Date of Birth Name Grade Date of Birth Mother's/Guardian's Name \_\_\_\_\_ Work Phone Cell Phone Father's/Guardian's Name Work Phone Cell Phone What is the best phone number to use in an emergency or if we wish to contact you? \_\_\_\_\_ OTHER EMERGENCY CONTACTS Please list the people authorized to pick up your child or act on your behalf if we cannot contact you: Name **Relationship to Child Telephone Number MEDICAL INFORMATION** Child's Doctor Telephone \_\_\_\_

Allergies:

## (over) PARENT/GUARDIAN PERMISSION

STUDENT DIRECTORY May we include your name, address, phone number in our upcoming Student Directory?	
NoYes	Do you prefer to publish your homeor cell phone number?
and/or interview students	media and other organizations who often take photographs for articles or publicity that benefits Side by Side. May we your child (ren) to be included in such events?
NoYes	
CLASS TRIPS	
	at part of our curriculum. These trips may include walking in the vicinity, nd/or parent drivers. In all cases, we obtain proof that those drivers
	ceive separate notification and consent forms from your child's mation about each class trip and type of transportation to be used.
Does your child have per	nission to attend?
Walking trips	Yes No
Trips with parent drivers	Yes No
Trips via bus/van	Yes No
	LEASE  ter at SbS is to provide information, support and assistance and staff. At times she may need to observe, meet with
	ems with both parents and staff. All individual and family
May we have your permi	sion for your child to meet with our school social worker?
Yes No_	

Date

Parent/Guardian Signature