

Emergency Contact Information

Forest Lake Area Schools

For Office Use Only:
Student ID: _____
Family ID: _____
Date Printed: 8/19/2010

Please fill in all blank areas. Check the printed information and correct it if there is an error. Thank you!

Student: _____ Home Phone: _____
Grade: ____ Teacher: _____ Birth Date: _____ Gender: ____ Ethnicity: _____
Home Address: _____
City: _____ State: ____ Zip: _____ Language: _____

Please list only parents or guardians who live at the above address.
You may fill out an additional form if there is a second address.

Please specify the phone type: W=Work, P=Pager, C=Cell. You do not need to repeat the home phone from above.

Parent or Guardian 1: _____ Relationship to Student: _____
Phone 1: [] [] [] [] x Phone 2: [] [] [] [] Home Language: English ____ Other: _____
E-mail: _____ Interpreter needed?: Yes ____ No ____
Translate written communication?: Yes ____ No ____

Parent or Guardian 2: _____ Relationship to Student: _____
Phone 1: [] [] [] [] x Phone 2: [] [] [] [] Home Language: English ____ Other: _____
E-mail: _____ Interpreter needed?: Yes ____ No ____
Translate written communication?: Yes ____ No ____

Brothers & Sisters: *(names, ages, and school(s) (if attending))* _____

IN CASE OF AN EMERGENCY *(Two contacts who would care for this child in case a parent or guardian cannot be reached)*

Contact 1: _____ Relationship to Student: _____
Specify phone type: H=Home, W=Work, P=Pager, C=Cell Phone 1: [] [] [] [] x Phone 2: [] [] [] []

Contact 2: _____ Relationship to Student: _____
Specify phone type: H=Home, W=Work, P=Pager, C=Cell Phone 1: [] [] [] [] Phone 2: [] [] [] []

Day Care Provider: _____ Phone 1: _____

Family Doctor: _____ Phone 1: _____

Hospital Preference: _____ Phone 1: _____

Our procedure is to contact a parent first. You will be asked to pick up the child and provide proper care. If we cannot reach you, we will call the emergency contacts listed above and ask them to care for your child. In an emergency, an ambulance may be called and your child may be taken to the hospital. The cost of this is the parents responsibility.

Parent or Guardian 1 Signature _____ **Date** _____

Parent or Guardian 2 Signature _____ **Date** _____

