

ALEXANDRIA TOWNSHIP SCHOOLS

Emergency Information

Date: _____

Date of Birth: _____

Student's Last Name: _____, First Name: _____

Home Address: _____

Home Phone #: _____

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Place of Employment: _____

Place of Employment: _____

Work #: _____

Work #: _____

Cell phone #: _____

Cell phone #: _____

Email address #1: _____

Email address #2: _____

EMERGENCY CONTACT INFO

PERSONS TO BE CALLED IF PARENT NOT AVAILABLE: It is very important that names listed are those that would be available during the school day and would be able to transport children in case of accident or illness. (Please provide ONE name & ONE phone # per contact. Any additional names/#'s will not be used.)

Emergency Contact #1: _____ Phone #: _____

Emergency Contact #2: _____ Phone #: _____

Emergency Contact #3: _____ Phone #: _____

I understand that school may be closed earlier than usual in an emergency or weather event. I have made arrangements for someone to receive my child, or have instructed him/her where to go in case this closing becomes necessary. Please indicate this name and telephone number below:

Name & Telephone: _____

AUTOMATED CALLER – Extensions cannot be used

Please indicate the 3 phone #'s to be called in the event of a severe emergency (i.e., school lock down).

ERC #1: _____ ERC #2: _____ ERC #3: _____

Please indicate the 2 phone numbers to be called for school closings, delayed openings, or early dismissals due to weather. These numbers may also be called for cancellations of after-school activities or bussing issues.

Auto Call #1: _____ Auto Call #2: _____

Information calls will automatically go to the home phone unless checked here: DO NOT call home for informational calls.

MEDICAL RELEASE

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Drs. Office: _____ Drs. Name: _____

Drs. Phone #: _____

Medical Alerts and/or Allergies: _____

Signature of Parent or Guardian _____ Date: _____