EMERGENCY NOTIFICATION – SCHOOL DISTRICT OF RIB LAKE

CHILD'S NAME _____ _____ _____
Last First Middle

Birthdate ____/____/____ Birth City, County and State _____

Home Address _____

Home Telephone Number _____ Student Cell Phone _____

_____ Distance from Home to School _____ (to the nearest ½ mile)
Village or Township

Parent's Name (1st to contact) _____ Occupation_____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

Parent's Name (2nd to contact) _____ Occupation _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

HEALTH INFORMATION

Health problems we should be aware of _____

Allergies _____

Special Instructions _____

Doctor to be notified _____ Telephone _____
City of _____

Dentist to be notified _____ Telephone _____
City of _____

Eye Doctor to be notified _____ Telephone _____
City of _____

If emergency treatment is needed and the Parents cannot be reached immediately, may the school personnel use their own judgment in calling the doctor or dentist indicated above?

_____ Yes No _____ If no, what do you want done? _____

Who should be contacted for treatment? _____

**Names of friends or relatives that we may call should your child become ill at school and the parents cannot be reached:

First: _____ Telephone: _____

Second: _____ Telephone: _____

Third: _____ Telephone: _____

Date: _____ Signature of Parent or Guardian: _____

PLEASE PRINT OR WRITE CAREFULLY AS WE MUST BE ABLE TO READ ALL INFORMATION. THIS COMPLETED FORM WILL ASSIST THE SCHOOL DISTRICT STAFF IN MEETING YOUR CHILD'S EMERGENCY NEEDS. YOUR ASSISTANCE IN THIS MATTER IS GREATLY APPRECIATED.

****MUST HAVE A CONTACT PERSON OR YOUR CHILD CANNOT BE RELEASED****