



Student Safety and Emergency Information

Dear Parent/Guardian,

We need update our emergency information for your child so that we have it available for your child's teacher and our staff. Please complete the information below and return it to your child's teacher. Some parents/guardians completed the emergency information some time ago and our goal is safety first. Even if you think we already have the information, please fill out this for so that in case of an emergency, we have the correct information. Thank you for your help. **PLEASE PRINT.**

Child's Name	Teacher
Home Phone #	Cell Phone #
Mother's Work Phone #	Father's Work or Cell Phone #
Emergency Contact 1: Name	Emergency Contact 1 Phone # OR Cell Phone #
Emergency Contact 2: Name	Emergency Contact 2 Phone # OR Cell Phone #

Does your child have any allergies or health concerns that we should know about? YES NO

Please explain below, even if you have spoken to your child's teacher about such allergies or concerns.

Parent Name (Please Print)

Parent Signature

September 4, 2014