

## EMERGENCY INFORMATION FORM – 2016-2017

**BIRMINGHAM PUBLIC SCHOOLS**

**BERKSHIRE MIDDLE SCHOOL**

Student Name	Grade	Sex
Student Home Address		
City	Zip Code	
Birth Date	Student Home Phone	

**Student Directory Listing Permission**    Yes/No                      **Photo/Video Permission**    Yes/No

Residing in home with Student:    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Step-parent    \_\_\_ Guardian  
 (Check all that apply)

***PLEASE READ THESE DIRECTIONS CAREFULLY BEFORE COMPLETING REMAINDER OF THIS FORM.***

- ◆ **Number the Emergency Call Order # boxes** in the order parents/guardians and emergency contacts are to be called.
- ◆ **Circle the preferred telephone number** to call in case of emergency.
- ◆ **Check the Authorized Treatment box** to indicate the person(s) with legal authority to consent to medical treatment.
- ◆ **Check the Authorized Pick Up box** to indicate the person(s) having permission to pick up your child from school.

**HOME INFORMATION – PARENT /GUARDIAN RESIDING IN THE HOME WITH THE STUDENT**

Emergency Call Order #	Male Parent/Guardian Name	Relationship	Home Phone		
Home Address		Cell Phone	Email		
Place of Business	Business Phone	Pager	Authorized Treatment	Authorized Pick-Up	

Emergency Call Order #	Female Parent/Guardian Name	Relationship	Home Phone		
Home Address		Cell Phone	Email		
Place of Business	Business Phone	Pager	Authorized Treatment	Authorized Pick-Up	

**HOME INFORMATION – PARENT RESIDING ELSEWHERE**

Emergency Call Order #	Male Parent/Guardian Name	Relationship	Home Phone		
Home Address		Cell Phone	Email		
Place of Business	Business Phone	Pager	Authorized Treatment	Authorized Pick-Up	

Emergency Call Order #	Female Parent/Guardian Name	Relationship	Home Phone		
Home Address		Cell Phone	Email		
Place of Business	Business Phone	Pager	Authorized Treatment	Authorized Pick-Up	

**EMERGENCY CONTACTS OTHER THAN PARENTS, GUARDIANS OR STEP-PARENTS**

Emergency Call Order #	Name	Relationship	Home Phone	Cell Phone	
Home Address:			Pager		
Place of Business	Business Phone	Authorized Treatment		Authorized Pick-Up	

Emergency Call Order #	Name	Relationship	Home Phone	Cell Phone	
Home Address:			Pager		
Place of Business	Business Phone	Authorized Treatment		Authorized Pick-Up	

**I acknowledge the information on this form is true and accurate. I am responsible to notify the appropriate school personnel when this information changes.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

