

EMERGENCY INFORMATION FORM 2018-2019

BIRMINGHAM PUBLIC SCHOOLS

DERBY MIDDLE SCHOOL

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

Check box if your address has changed.

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 <input type="checkbox"/> Authorized Pick-Up <input type="checkbox"/>

Emergency Call Order #	Female Parent/Guardian Name	Relationship	Home Phone
Home Address		Cell Phone	Email
Place of Business	Business Phone	Pager	Authorized Treatment <input type="checkbox"/> Authorized Pick-Up <input type="checkbox"/>

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 <input type="checkbox"/> Authorized Pick-Up <input type="checkbox"/>

Emergency Call Order #	Female Parent/Guardian Name	Relationship	Home Phone
Home Address		Cell Phone	Email
Place of Business	Business Phone	Pager	Authorized Treatment <input type="checkbox"/> Authorized Pick-Up <input type="checkbox"/>

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 <input type="checkbox"/>	Authorized Pick-Up <input type="checkbox"/>	

Emergency Call Order #	Name	Relationship	Home Phone	Cell Phone
Home Address:			Pager	
Place of Business	Business Phone	Authorized Treatment <input type="checkbox"/>	Authorized Pick-Up <input type="checkbox"/>	

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 _____