

**GREENVILLE SCHOOL DEPARTMENT
STUDENT EMERGENCY INFORMATION**

Student Information (Please print)

Student's Name: _____ Grade: _____
 Last First Middle

Student Cell Phone (if applicable): _____ D.O.B. _____

Social Security Number: _____

Mailing Address: _____

_____ Home Telephone: _____

Physical Residency/"911" address: _____

Parent Contact Information

Mother: _____ E-Mail address: _____

Mailing address if different than above: _____

Are school mailings to be sent to this address as well? YES NO

Work/Day Telephone: _____ Cell: _____

Workplace: _____

Father: _____ E-Mail address: _____

Mailing address if different than above: _____

Are school mailings to be sent to this address as well? YES NO

Work/Day Telephone: _____ Cell: _____

Workplace: _____

Emergency Information

List three neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached. List in order of preference.

Name: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

In case of emergency, accident, or serious illness to the child named above 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 instructions. If it is impossible to contact this physician, the school is authorized to proceed as indicated below.

- Take child to emergency hospital _____
- Take child to any licensed physician _____
- Other desired procedures _____

_____ (number each item 1, 2, or 3 in order of desired action.)

Student Health History

Allergies? _____

Medications? _____

Conditions ? _____

Is your child's immunization record up-to-date and on file with the school? _____

Doctor's Name: _____ Office Phone: _____

Dentist's Name: _____ Office Phone: _____

Insurance Information

Insurance Company covering my child(ren): _____

Name of Policy Holder: _____ Policy #: _____

Migrant Information

The Department of Education has allocated funding to our school for children of migrant workers. We ask that you help us by answering the following questions. Please mark with any X if any of these apply:

- _____ I have moved in the last 36 months.
- _____ I moved for the purpose of seeking agricultural work.
- _____ I crossed stated or school district boundaries as part of this move.

Parent/guardian signature: _____ Date: _____

The above signature acknowledges that I have read and consent to the above.

OFFICE USE ONLY

_____ date entered into PowerSchool

_____ revised date