

<b>2019-2020 STUDENT INFORMATION &amp; EMERGENCY CARD</b> Please correct, complete and return to school office	Student ID#:	Print Date:
	School:	Grade:
	Bus #	Home Room#:

School will use this form to contact you in an emergency or with information important to your child's education. You do not have to complete this form, but if you do not, we may not be able to contact you. Information on this form will be shared with the school and district personnel who have a need to know.

STUDENT INFORMATION		
Last Name(s):	First Name:	MI:
Student's Address (street, apartment #, city, state, and zip code):		
Student Resides With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____		
Home Language:	Communication Language:	

FAMILY INFORMATION					
Parent 1: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____			Parent 2: <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Legal guardian <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____		
Last	First	Communication Language:	Last	First	Communication Language:
Address ( <input type="checkbox"/> check if same as Student )			Address ( <input type="checkbox"/> check if same as parent 1)		
_____ <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work			_____ <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		
_____ <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work			_____ <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		
_____ <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work			_____ <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work		
Email			Email		

EMERGENCY CONTACTS & PICK-UP/RELEASE INFORMATION (If parent/guardian cannot be reached)				
Can pick up student?	Relationship	Name (Last, First)	Communication Language	Phone (____) ____-____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency 1			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency 2			
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input type="checkbox"/>				

If a parent/guardian is NOT authorized to have contact with student, legal documentation must be filed at school.

NAME OF SIBLING (Last, First)	NAME OF MPS SCHOOL	GRADE

HEALTH INFORMATION	This card may be shared with appropriate school or emergency staff for your child's health and safety.
List any medical condition(s) this student has:	
List any medication(s) this student takes:	
Doctor/Clinic Name:	Clinic Phone:
<b>PLEASE READ: By signing this form, I authorize the school to provide medical treatment for my child if there is a medical emergency and I can't be reached. If an ambulance is necessary, I understand that cost is my responsibility.</b>	

SIGNATURE		
Printed name of person completing this form	Address (if not listed above)	Phone number (with Area Code)
Signature of person completing this form	Relationship to child	Date