

# Prospect Heights School District 23

## Student/Family Information and Emergency Form

This sheet contains the information currently in our system for your child. Please complete and/or correct any information in **RED** ink. Be sure to include any extensions with work phone numbers. Thank you.

Last Name John First Name Doe Middle Name dude  
 Mailing Name Mr. and Miss. Doe 2nd Parent Mailing Name Grandma Doe  
 Mailing Address 1234 buddy Ln 2nd Parent Mailing Address 345 buddy Ln  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City Prospect Heights State IL Zip 60070  
 Home Phone 847-555-1234

**Mother** Jane Doe Mother's Cell # 847-555-8907 Mother's Work # 847-555-2345

Driver's License or State I.D. 6665435798 Mother's Maiden Name \_\_\_\_\_

**Father** Jonny Doe Father's Cell # 847-555-9834 Father's Work # 847-555-1245

Driver's License or State I.D. 2134u4389 **Legal Custody** (Circle One)  Both  Mother Only  Father Only  Other

**Step/Guardian** \_\_\_\_\_ S/G's Cell # \_\_\_\_\_ S/G's Work # \_\_\_\_\_

**1. Emergency Contact** Jody Doe

Contact Phone # 847-555-6666 Relationship To Child aunt

**2. Emergency Contact** James Doe

Contact Phone # 847-555-7777 Relationship To Child uncle

**Comments and/or Medical Considerations:** John is not allowed to use scissors!

**Transportation Comments:** John walks home on Tuesdays

**Call Order**  
Please number 1-11

Home	<u>1</u>		
Mother Work	<u>2</u>	Mother Cell	<u>3</u>
Father Work	<u>4</u>	Father Cell	<u>5</u>
Step Work	_____	Step Cell	_____
Guard Work	_____	Guard Cell	_____
Emergency 1	<u>6</u>	Emergency 2	<u>7</u>

**Lives With:**  
 Father  Mother   
 Step \_\_\_\_\_ Gaurdian \_\_\_\_\_  
 1. Email Address jonny1@buddy.com  
 2. Email Address jane1@buddy.com

Doctor's Name Dr. Dude Doctor's Phone # 847-555-8888

**Emergency Consent:**  
 I hereby certify that I have legal custody of this child and authorize the school, in case of emergency and I cannot be reached, to 1) contact and release my child for care to the persons listed as emergency contacts; and/or 2) take such action as may be deemed necessary including transportation of the student to a hospital or medical center; and/or 3) authorize emergency treatment by qualified paramedics or by a licensed medical doctor in the event of a medical emergency which, in the opinion of the school official, paramedics or attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_