

## BEAL CITY PUBLIC SCHOOLS STUDENT EMERGENCY INFORMATION

STUDENT INFORMATION:	
STUDENT NAME:	_____
	(LAST) (FIRST)
GRADE:	_____
BUS NUMBER:	_____
DATE OF BIRTH:	_____
SEX:	_____
HOME ADDRESS:	_____
CITY:	_____
ZIP:	_____
HOME PHONE:	_____
CELL PHONE 1:	_____
CELL PHONE 2:	_____

CONTACT INFORMATION:	
MOTHER'S NAME:	_____
FATHER'S NAME:	_____
WORK ADDRESS:	_____
EMAIL ADDRESS 1:	_____
EMAIL ADDRESS 2:	_____
WORK PHONE:	_____
WORK PHONE:	_____

PLEASE LIST NEIGHBORS OR RELATIVES WHO CAN TEMPORARILY CARE FOR YOUR CHILD IN CASE YOU CANNOT BE REACHED:		
NAME:	ADDRESS:	PHONE:
_____	_____	_____
NAME:	ADDRESS:	PHONE:
_____	_____	_____
NAME:	ADDRESS:	PHONE:
_____	_____	_____

*In case of accident or serious illness, 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 their instructions. If it is impossible to contact this physician, the school may take whatever actions necessary*

Local Physician:	_____
Address:	_____
Phone:	_____

Local Dentist:	_____
Address:	_____
Phone:	_____

Please list any medication alerts - (Allergies, Bee Stings, etc.)

Signature of Parent or Guardian: \_\_\_\_\_

Received copy of student handbook and regulations: Yes No (circle one)