

Ann Sobrato High School
PARENT CONTACT/EMERGENCY INFORMATION

1. Student Information

Student: _____ Phone: _____ Student ID: _____
Student Address: _____ Birthdate: _____ Gender: _____

Grade: _____

2. Parent/Guardian Information

Attach documentation regarding unique circumstances concerning legal guardianship of the above named student.

Name: _____ Relationship: _____
Address: _____ Resides with: _____ Yes _____ No
City, State, ZIP: _____ Home Phone: _____
Email address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Name: _____ Relationship: _____
Address: _____ Resides with: _____ Yes _____ No
City, State, ZIP: _____ Home Phone: _____
Email address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Comments: _____

3. Emergency Contact Information (other than parent/guardians listed in Section 2 above)

The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Contact comments: _____

4. Emergency & Health Information

In case of serious accident or illness at school, your child will be sent to an emergency medical facility.

The parent(s)/guardian(s) is responsible for all expenses.

Physician name: _____ Phone: _____

Medical Alert 1: _____

Medical Alert 2: _____

Health Comments: _____

Emergency Comments: _____

5. Parent/Guardian Signatures (Requires signature of all parents/guardians student reside with)

I authorize the school to obtain medical care for my child, as specified above, in an emergency.

I declare that the information given above is true and accurate.

Print name

Signature

Print name

Signature