

WYANDANCH UNION FREE SCHOOL DISTRICT
OFFICE OF CENTRAL REGISTRATION AND ATTENDANCE
STUDENT EMERGENCY FORM
MILTON L. OLIVE MIDDLE SCHOOL

STUDENT: _____

LAST FIRST MIDDLE INITIAL GRADE

We need to secure up-to date emergency information at the beginning of each school year, in order to better care for and protect your child. We appreciate your cooperation in completing this form and returning it immediately to the School. **PLEASE USE BLUE OR BLACK PEN.** Please update **EVERY TIME YOU CHANGE** your address or phone number. Thank you.

Parent/Guardian Name _____ Relationship to Student _____

Address: Street _____ Town _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mother's Work Place: _____ Work Phone: _____

Fathers' Work Place: _____ Work Phone: _____

Babysitter (if applicable) _____ Phone _____

Person(s) to contact in case of emergency (other than parents): **Person Allowed to Pick-Up Your Child.**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does your child have any medical conditions of which the school should be aware of?

Yes No

Parent/Guardian's Signature

Date

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Parent/Guardian Name Relationship to Student

Address: Street Town

Home Phone: _____ Cell Phone: _____

Email: (Print Clearly) _____

Mother's Work Place: Work Phone:

Fathers' Work Place: Work Phone:

Babysitter (if applicable) Phone

Person(s) to contact in case of emergency or who will be picking up your child (other than parents):

Name Relationship Phone

Name Relationship Phone

Does your child have any medical conditions of which the school should be aware of?

Yes No

Parent/Guardian's Signature Date

