WYANDANCH UNION FREE SCHOOL DISTRICT
OFFICE OF CENTRAL REGISTRATION AND ATTENDANCE
STUDENT EMERGENCY FORM

LFH ____ MLK ____ MLO ____ HS ____

STUDENT _____ _____
LAST FIRST MIDDLE INTITIAL 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 PRINT AND PRESS HARD. Thank you.

_____
Parent/Guardian Name Relationship to Student

_____
Address Street Town

Home Phone _____ Cell Phone _____

_____
Mother's Work Place Work Phone

_____
Father's Work Place Work Phone

_____
Babysitter (if applicable) Phone

Person(s) to contact in case of emergency (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

5/09

White Copy – Nurse's Office Pink Copy – Main Office Yellow Copy – Attendance Office Goldenrod Copy – Homeroom Teacher