

Winfield-Mt. Union PK – 12
2020-2021 Student Emergency Data Form

Student Name _____ Date of Birth _____ Grade _____ Cell # _____
Student Name _____ Date of Birth _____ Grade _____ Cell # _____
Student Name _____ Date of Birth _____ Grade _____ Cell # _____
Student Name _____ Date of Birth _____ Grade _____ Cell # _____
Student Name _____ Date of Birth _____ Grade _____ Cell # _____
Student Name _____ Date of Birth _____ Grade _____ Cell # _____

Mother/Guardian _____ address _____ City _____
Phone _____ cell phone # _____ email address _____
Employer _____ City _____ Phone _____ Hours _____

Father/Guardian _____ address _____ City _____
Phone _____ cell phone # _____ email address _____
Employer _____ City _____ Phone _____ Hours _____

If school cannot contact parent, name a friend or relative who may be called upon if the child is ill. Please choose persons who are available during school hours that may pick up your child if ill/injured.

Can these persons also pick child up in an emergency? ___ Yes. ___ No

Friend _____ address _____ Phone _____
Friend _____ address _____ Phone _____
Doctor _____ address _____ Phone _____
My child(ren) has insurance ___ private ___ other

If none of the above can be contacted, in the case of an emergency, the school will do what is necessary and in the best interest of the student. Changes in the status of the contacts must be given to the office in writing.

Early dismissal arrangements: (Wednesday & early outs due to weather or other unforeseen cancellations. Please make sure that these people are available during school hours and keep phone numbers updated please):

_____ Day care provider name & number _____
_____ Other arrangement includes: _____

My child is allergic to the following: _____ **Younger** Siblings(not school age yet) / name & date of birth _____