

Vicksburg Warren School District

EMERGENCY CONTACT

School Year 20 _____ - 20 _____

COURT ORDER ON FILE

1. STUDENT INFORMATION

Name _____ Male Female / White Black Asian Other

Address _____

Home Tel. # _____ Birth Date _____

Grade _____ Teacher _____ MSIS # _____ Bus # _____

2. PARENT/GUARDIAN INFORMATION

Father's/Guardian's Name _____ Home Tel. # _____

Work Tel. # _____ Cell Tel. # _____

E-mail _____

Mother's/Guardian's Name _____ Home Tel. # _____

Work Tel. # _____ Cell Tel. # _____

E-mail _____

Parents or guardians listed above have permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

3. LOCAL CONTACT INFORMATION (If possible, designate 2 parents in our school.)

Those designated below are authorized to pick-up my child from school.

1. Local Contact's Name _____ Relationship to child _____

Home Tel. # _____ Cell Tel. # _____ Work Tel. # _____

2. Local Contact's Name _____ Relationship to child _____

Home Tel. # _____ Cell Tel. # _____ Work Tel. # _____

3. Local Contact's Name _____ Relationship to child _____

Home Tel. # _____ Cell Tel. # _____ Work Tel. # _____

4. CHILD CARE PROVIDER INFORMATION

Those designated below are authorized to pick up my child from school in an emergency.

Child care provider's name _____ Tel. # _____

Cell Tel. # _____ E-mail _____

5. PEOPLE NOT AUTHORIZED TO PICK UP THIS CHILD

Name _____ Name _____

Name _____ Name _____

6. OUT-OF-TOWN / NON-CUSTODIAL PARENT INFORMATION

Name _____

Home Tel. # _____ Cell Tel. # _____ Work Tel. # _____

E-Mail _____

7. MEDICAL/PHYSICIAN INFORMATION

List students known allergies or medical conditions _____

Doctor's name _____ Tel. # _____

Hospital preference _____ Insurance Co. _____

Dentist's name _____ Tel. # _____

In a medical emergency, we hereby authorize the school staff to seek, and to consent to, emergency medical treatment for our child if we cannot be reached.

Parent/Guardian Signature _____ Date _____