

Gilmore City-Bradgate Elementary

402 SE "E" Avenue; Gilmore City, IA 50541
515-373-6124

STUDENT EMERGENCY CONTACT INFORMATION

STUDENT NAME: (L,F,M)	GENDER:
STREET ADDRESS:	PO BOX #:
CITY, STATE:	ZIP:
PARENT/GUARDIAN E-MAIL ADDRESS:	BIRTHDATE:
HOME PHONE: CELL PHONE:	GRADE:
STUDENT LIVES WITH:	SIBLINGS:

In an event of an illness or emergency, we will want to contact you during the day. Please list parents or guardians, place(s) of employment, and daytime work phone numbers, cell phone or pager #s.

NAME	RELATIONSHIP TO STUDENT	EMPLOYER	WORK #/PAGER/CELL PHONE #
(MOTHER/GUARDIAN) First & Last			
(FATHER/GUARDIAN)First & Last			

Please list relatives, friends or neighbors (**who have agreed to represent you**), who can assume temporary care for your child if you cannot be reached. Please give careful consideration to this item.

NAME	RELATIONSHIP TO STUDENT	EMPLOYER	WORK #/PAGER/CELL PHONE #

PHYSICIAN OF CHOICE:
EMERGENCY CENTER OF CHOICE:
Known Allergies or Medical issues we should know about:

In the event that parents/guardians cannot be contacted, school personnel are hereby authorized to take whatever action deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

PARENT/GUARDIAN SIGNATURE:	DATE:
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Race/Ethnicity (please circle) Caucasian Hispanic African/American
American Indian/Alaskan Native Asian/Pacific Islander
Primary Language Spoken in the home: English _____ Other _____