



2018 – 2019 School Year

Make sure the student's name appears on every page!
EMERGENCY CONTACT & INSURANCE INFORMATION

Student's Name (Legal) _____, _____, _____

Social Security # _____ - _____ - _____ LAST FIRST MI
D.O.B. ____/____/____ 2018-2019 Grade Level: _____

Address: _____, GA _____
STREET CITY ZIP

Student's Home Phone #: _____ Student's Cell Phone #: _____

Child Lives With: ____ Father ____ Mother ____ Both ____ Other: _____

Father/Guardian's Name: _____ Home Phone # (____) ____ - ____

Father/Guardian's Employer: _____

Father/Guardian's Cell Phone # (____) ____ - ____ Work Phone # (____) ____ - ____ ext ____

Mother/Guardian's Name: _____ Home Phone # (____) ____ - ____

Mother's Employer: _____

Mother/Guardian's Cell Phone # (____) ____ - ____ Work Phone # (____) ____ - ____ ext ____

Parent/Guardian contact e-mail address: _____

Emergency Contact & Relationship (must be 21 or older): _____

Contact Home Phone # (____) ____ - ____ Contact Cell Phone # (____) ____ - ____

Primary Physician: _____ Office Phone # (____) ____ - ____ ext ____

INSURANCE INFORMATION

Primary Insurance Co: _____ Name of Policy Holder: _____

Policy #: _____ Group #: _____

Insurance Co. Phone # (____) ____ - ____ ext ____

****PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD****