

# Roenne's School Emergency Form

**Please Complete in Full-Type or Print in Ink:**

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_  
\_\_\_\_\_

Student's Birthday \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address (if different from child's) \_\_\_\_\_  
\_\_\_\_\_

Mother's Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Home# \_\_\_\_\_ Other# \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address (if different from child) \_\_\_\_\_  
\_\_\_\_\_

Father's Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Home # \_\_\_\_\_ other# \_\_\_\_\_

Mother's Social Security# \_\_\_\_\_ Father's Social Security# \_\_\_\_\_

Mother's Drivers License# \_\_\_\_\_ Father's Drivers License# \_\_\_\_\_

Person(s) responsible for child \_\_\_\_\_

Physician to be called in emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist to be called in emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

In case of emergency Paramedics will be called first. If additional information is needed Paramedics will call the child's doctor.

List below all authorized persons who may be called in case of an emergency and may pick the child up from the facility. If you need to add additional names please add a second piece of paper.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Home# \_\_\_\_\_ Work \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office use only  
Enrollment Date \_\_\_\_\_ Approved by \_\_\_\_\_