

**LONGACRE ELEMENTARY SCHOOL
STUDENT EMERGENCY INFORMATION RECORD**

<i>School Year</i>	<i>Grade</i>	<i>Entry Date</i>	<i>Student No.</i>

Please complete the following information for your child:

Last Name (please print)	First Name	Middle Name

Gender (M/F)	Birthdate	Birth City/State	Ethnicity

Home Phone Number (area code)	Cell Phone Number (area code)

Street Address

City	State	Zip Code

HEALTH ALERTS/CONCERNS:

Doctor Name & Phone Number

Parent Names	Cell Phone Number	Work Phone Number

Emergency Contacts/Authorized Release (Name, Phone & Relationship)

If school personnel are unable to reach me or a person who I have designated, I hereby authorize them to secure emergency medical treatment as necessary. I agree to pay all expenses incurred by the emergency care.

Parent/Guardian Signature Date