

STUDENT DATA EMERGENCY CARD

FARMINGTON PUBLIC SCHOOLS ~ WARNER MIDDLE SCHOOL

STUDENT INFORMATION: Grade _____ Today's Date: _____

Last name _____ First name _____ M.I. _____

Date of birth ____/____/____ Home phone _____

Street address _____

City _____ Zip code _____

- **MEDICAL ALERT INFORMATION** *List all health conditions, medications, allergies, religious restrictions, etc.
- **PLEASE COMPLETE CONFIDENTIAL HEALTH SURVEY FORM**

PARENT/GUARDIAN INFORMATION: (With Whom the Student Resides)

Parent # 1:

Name _____ Relationship _____

Home # _____ Cell # _____

Work # _____ Email _____

Parent # 2:

Name _____ Relationship _____

Home # _____ Cell # _____

Work # _____ Email _____

NON-CUSTODIAL PARENT INFORMATION: Check box if parent is to receive mailings, etc.

Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____

Address _____ Email _____

EMERGENCY CONTACTS / AUTHORIZED STUDENT RELEASE INFORMATION:

1. Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____

2. Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____