## McCurdy Schools of NNM Pre-K 2024-25 STUDENT EMERGENCY FORM

### **STUDENT INFORMATION – (Please print legibly)**

E-Mail Address – Home\_\_\_\_\_

E-Mail Address – Work\_\_\_\_\_

LAST NAME:\_\_\_\_\_

FIRST NAME	GRADE	DATE OF BIRTH	PLACE OF BIRTH	ETHNICITY	STUDENT LIVES WITH:

#### PARENT/GUARDIAN INFORMATION – (Please print legibly)

NAME	PHYSICAL ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
FATHER:				
MOTHER:				
GUARDIAN:				

\* If applicable, list the address of the second custodial parent and indicate if you want report cards sent to both addresses.

# EMERGENCY INFORMATION (NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY)

NAME / RELATIONSHIP	HOME PHONE #	WORK PHONE #	CELL PHONE #
1			
1.			
2.			
3.			

### FAMILY PHYSICIAN – NAME AND PHONE NUMBER

FAMILY DENTIST – NAME AND PHONE NUMBER

### PLEASE COMPLETE BOTH SIDES OF THE EMERGENCY FORM

If parent/guardian has no preference, the student will be taken for emergency medical care. It is understood that I will pay for any emergency transportation or care unless the costs are otherwise covered by insurance. If a parent/guardian cannot be reached, the student will be accompanied by a school administrator.

I give my permission for medical:	Transportation	YES	NO	Treatment	YES	NO
I give my permission for my child t	o be transported f	for illegal substa	nce testing or screer	ing if deeme	ed necessary. I	understand that I am

responsible for any fees incurred. YES NO

Custodial Parent's Name(s)

Parent/Guardian Signature

Date