

**CLARK PUBLIC SCHOOLS
EMERGENCY CONTACT INFORMATION
2016-2017**

Grade Entering _____

Student's Name: _____ Sex _____ Birthdate _____

Street Address: _____ Home Phone: _____

City, State, Zip: _____

Father's Name: (please print) _____

Father's Home Address (if different from student's): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail Address: _____

Mother's Name: (please print) _____

Mother's Home Address (if different from student's): _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-Mail Address: _____

LIST BELOW E-MAIL ADDRESS FOR OFFICIAL MAILINGS FROM SCHOOL:

Preferred E-Mail (please print) _____

If your child is ill or is released early for any other reason, please list additional persons who will be allowed to sign your child out of school. (adult siblings can be included on your list)

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Additional Names 1) _____ Phone: _____

2) _____ Phone: _____

3) _____ Phone: _____

Physician's Name: _____ Phone: _____

.....
Date: _____

Parent or Guardian Signature

**PLEASE RETURN THIS FORM TO THE SCHOOL NURSE IN SEPTEMBER
PLEASE NOTIFY THE GUIDANCE OFFICE IF CHANGES OCCUR**