

School #: 047
Gregori

MODESTO CITY SCHOOLS
2015/16 STUDENT EMERGENCY INFORMATION FORM

ID#:	Student Name:	Gender:	Grade:	Birth Date:
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Dear Parent:

Please update information on both sides of this form.

It is important that school staff are able to reach you or your emergency contact if your child is injured or becomes ill at school. Please update the following information and return this form to your child's school. Remember to contact the school office if any addresses, telephone numbers or contact names change during the school year.

Student Information

Home Address: _____

Mailing Address: _____

Home Phone: _____

Student/Family Residence

Where is your student/family currently living? (federally mandated by NCLB)

- In a hotel or motel (110) In a shelter or transitional housing program (100) Doubled-up: Sharing housing with others due to economic hardship, foreclosure, loss of housing, etc. (120)
 Temporarily Unsheltered (130) None of these apply

Parents / Guardians / Emergency Contacts

Must be 18 years of age or older. Do not list more than 7 people.

Relationship	Last Name	First Name	Lives With?	Home Phone	Work / Other	Cell / Message	Email Address
Mother							
Father							

Is there a court order regarding custody of this child? YES / NO (If yes, you must provide the school with a copy of the current court order.)

Do you need to receive future notices in a language other than English? If yes, what language: _____

Parent / Guardian Signature Date

Sign both sides of form and return to your child's school.

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Health Information on File

Please update information on both sides of this form.

Medical Condition Information

(Please make sure all medications are listed below along with dosage information)

Student's Doctor: _____ Doctor's Phone: _____
 First Name Last Name

Type of Health Insurance: Medi-Cal Private Healthy Families HMO School None

Parent / Guardian Signature Date

Sign both sides of form and return to your child's school.