

**TRIO Wolf Creek Charter School #4095**  
**Student Emergency Information Sheet**

Student Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender: M/F  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Student email \_\_\_\_\_ Custodial parent email \_\_\_\_\_  
 Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_  
 Clinic/Physician \_\_\_\_\_ Phone \_\_\_\_\_

**School staff can only contact the adults listed below. Please make sure your list is complete.**

Contact Info	Name	Relationship to child	Occupation/ Workplace	Day/Work Phone	Cell
Student lives with: <i>(custodial parent)</i>				( )	( )
Parent or other adult <i>(in household)</i>				( )	( )
Non custodial parent (s)				( )	( )

Check this box if there is a court order preventing any person from contacting your student at school. Inform your student's Learning Manager or the Dean of Students. Legal documents must be on file at school if a biological parent is involved. Please list the names of those individuals below:

\_\_\_\_\_

List **at least two** emergency contacts willing to assume care of your child if you cannot be reached:

Name	Relationship to Student	Daytime Phone
		( )
		( )
		( )

**Medications:** List any medications that the student takes. Please see the school nurse if the medication will be taken at school.

Medication Name	Reason for Taking	Dosage	How Often Taken	Take at School?

**Health Information:** List any health conditions that could result in an emergency (severe allergies, diabetes, seizure, asthma)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hearing or vision concerns that staff should be aware of:** \_\_\_\_\_

**Immunizations within the last year:** (Type and mo/day/year) \_\_\_\_\_

*The above information is considered confidential. This information is not required for your child to attend school, however it is required for campus attendance. You may choose to omit any question on this form. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success and with Emergency Personnel in the event 911 is called. Please the Director for a confidential conference if your student has a special health concern.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Re-checked for any needed updates ( Please Initial and Date)** \_\_\_\_\_