

**Tina-Avalon R-II School Emergency Procedure Form**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Parent/Guardian/Partner with Whom Student Lives:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian/Partner with Who Does Not Live With Student:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Name: \_\_\_\_\_ Work Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of an emergency, illness, or accident to the child named, the school is authorized to proceed as indicated below. Please list in order of desired action.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

To help us ensure each students safety, please provide us with the following information:

On most school days this child will (circle one)      ride the bus      be picked up      drive

My child will be going \_\_\_\_\_ after school.

Additional comments \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_