

**WINDSOR SCHOOL  
STUDENT EMERGENCY INFORMATION  
2021-2022**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Please Print) Last First

Address \_\_\_\_\_ Home# \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ City State Zip

Mother: \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Father: \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

=====

Date \_\_\_\_\_

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements that seem necessary.

Signature of Parent or Guardian: \_\_\_\_\_

Remarks: \_\_\_\_\_

Allergies: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_  
\_\_\_\_\_

Office Telephone # (\_\_\_\_) \_\_\_\_\_ Other Telephone # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_