

**WINDSOR LEARNING CENTER
STUDENT EMERGENCY INFORMATION
2022-2023**

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

Address _____ Home# _____

_____ City State Zip

Mother: _____ Work # _____

Email: _____ Cell Phone # _____

Father: _____ Work # _____

Email: _____ 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 _____

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/Guardian: _____ Date _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Local Physician's Name: _____

Office Telephone # _____ Other Telephone # _____