

Windsor School
Student Emergency Information
2023-2024

Student's Name: _____ Birth Date: _____

Street Address: _____ Home Phone: _____

_____ City _____ State _____ Zip Code _____

Guardian: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Guardian: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Please list TWO neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name: _____ Phone: _____

Address: _____

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 the physician's instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

Signature of Guardian: _____ Date Signed: _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Local Physician's Name: _____

Office Phone: _____ Other Phone: _____