

# REQUEST FOR EMERGENCY INFORMATION

STUDENT ID # \_\_\_\_\_

PLEASE PRINT

DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**PARENTS/GUARDIANS:** Occasionally children become ill while they are in school or they may have an accident (usually not serious). The school must have on file information that can be used to contact you. Please give the following information for emergency use only. If there is a change in this information, please notify the school quickly in writing.

STUDENT'S NAME \_\_\_\_\_ DIV. \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

### CONFIDENTIAL INFORMATION BOX 1

COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) Check one box if you are living:

- In a shelter    
 with relatives or others due to lack of housing    
 at a train or bus station, park, or in a car    
 in a motel/hotel, camping ground, or other situation due to the lack of alternative, adequate housing    
 in an abandoned apartment/building    
 temporarily housed in a shelter awaiting a DCFS permanent foster care placement

School Principal: If any box is checked, see the Homeless Education Program Policy and Other Important Documents.

STUDENT'S ADDRESS \_\_\_\_\_

STUDENT'S PHONE NUMBER \_\_\_\_\_

STUDENT'S EMAIL \_\_\_\_\_

PARENT'S EMAIL \_\_\_\_\_

### PARENT/GUARDIAN EMERGENCY INFORMATION:

### PARENT/GUARDIAN EMERGENCY INFORMATION:

PARENT'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(If different than student's)

ADDRESS \_\_\_\_\_  
(If different than student's)

NAME OF EMPLOYER \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

### CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No Contact order which concerns this student: Yes \_\_\_\_ No \_\_\_\_

School Principal: If "Yes" is checked, follow the School Board Policy 704.4

Please give the name of a relative or neighbor who could be notified in case of illness or accident:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____

If we cannot reach you and feel that your family doctor is needed, please supply this information:

FAMILY DOCTOR	DOCTOR'S ADDRESS	DOCTOR'S TELEPHONE
_____	_____	_____

I authorize you to call my doctor, if necessary \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE