

SCHOOL DISTRICT OF GILMANTON

Annual Emergency Contact and Medical Information

Please provide the name, grade and birthdates of each student in your household.

*Also list health concerns (ASTHMA, ALLERGIES, DIABETES, SEIZURES, etc.) and instructions if there are any.

Note: this information will be shared with staff if needed.

1.Student First/MI/Last Name 2.Student Cell Phone #/ Can Receive Text? Y or N	Grade	Birth Date	Any Health Concerns /Instructions*
1. ----- 2. Y or N			
1. ----- 2. Y or N			
1. ----- 2. Y or N			

Household Address _____ Household Phone _____

Email You Use For School Messages _____

Cell Phone (Mom) _____ Cell Phone (Dad) _____

Preference for school messages are: TEXT EMAIL PHONE CALL

Student Lives With (circle one):
 Mother & Father Mother only Father only Shared Custody
 Mother & Stepfather Father & Stepmother Other Guardian

Parent/Guardian #1 Name _____ Work Phone _____

Parent/Guardian #2 Name _____ Work Phone _____

At Least One Alternative Emergency Contact Is Required			
PARENTS - DO NOT LIST YOURSELF – LIST PEOPLE WHO CAN BE CONTACTED IF SCHOOL CANNOT REACH YOU			
Name	Home Phone	Cell Phone	Work Phone
1.			
2.			

Hospital Preference _____ Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

In case of emergency where parent/guardians cannot be reached, I give the School District of Gilmanton the authority to provide medical emergency services as they feel appropriate.

Parent/Guardian Signature

Date