

Emergency Procedure Form
Norton City Schools

Students Name _____
Last First MI

Home Address _____
City Zip Code

Phone _____ Grade _____

PARENT / GAURDIAN INFORMATON

Name _____ Relation to student _____

Place of Business _____ Has Legal Custody yes _____ no _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relation to student _____

Place of Business _____ Has Legal Custody yes _____ no _____

Home Phone _____ Work Phone _____ Cell _____

If mother/father separated, is there a problem having student contact other parent?

Yes _____ No _____

List two neighbors or relatives who will assume temporary care of your student if you cannot be reached. Any adult name listed may remove student from school.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Preferred Hospital _____

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

Local Physician Name _____

Address _____ Phone _____

Allergies _____

Local Dentists Name _____ Phone _____

Signature of Parent or Guardian: _____ Date _____