

Lackawanna Trail High School Emergency Form
2008-2009 School Year

Last Name _____ First _____ Middle _____ Grade _____

Date of Birth _____ Birth City/State _____ Sex M ___ F ___

Student lives with (circle one): Mother Father Both Parents Other _____

Address of Mother:

Name _____

Address: _____ (Include Street Name even if PO Box)

County/Township _____ Home Phone _____ Cell Phone _____

Work Phone _____ Best way/time to contact: _____

E-mail _____ (must be on file to access Parent Grade Portal in Fall of 2008)

Address of Father:

Name _____

Address: _____ (Include Street Name even if PO Box)

County/Township _____ Home Phone _____ Cell Phone _____

Work Phone _____ Best way/time to contact: _____

E-mail _____ (must be on file to access Parent Grade Portal in Fall of 2008)

Address of Guardian (If not living with parents):

Name _____

Address: _____ (Include Street Name even if PO Box)

County/Township _____ Home Phone _____ Cell Phone _____

Work Phone _____ Best way/time to contact: _____

E-mail _____ Relationship _____

In the event of an emergency, and the parent/guardian cannot be reached, the school will respond by contacting the following emergency contact person. (Emergency contact person must have a way to transport your student home in case of illness/emergency.)

Name of contact person: _____ Relationship: _____

Home Phone Number: _____ Cell Phone _____ Business Phone: _____

Student's Physician: _____ Phone: _____

Preferred Hospital: _____

Medical concerns or health problems:

Student Signature: _____

Signature of Parent/Guardian: _____

