

SMART START ACADEMY EMERGENCY INFORMATION SHEET

Student's Name: _____ Date of Birth: _____

Last

First

Address: _____

Home Telephone: _____

Mother: _____

Name

Address

Telephone

Father: _____

Name

Address

Telephone

List two (2) neighbors, or nearby relatives, who will assume temporary care of your child if you cannot be reached:

1. Name: _____ Tel _____

Address: _____

2. Name: _____ Tel _____

Address: _____

Allergies: _____

Restrictions: _____

Other Conditions: _____

Signature of Parent or Guardian: _____ Date: _____

Email: _____