

**POWELL HIGH SCHOOL
EMERGENCY INFORMATION**

STUDENT NAME _____ GRADE _____

STUDENT PHONE # _____ STUDENT EMAIL _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT) _____

HOME PHONE _____ DATE OF BIRTH _____

FATHER/GUARDIAN _____

EMAIL ADDRESS _____

CELL NUMBER _____ EMPLOYER _____

MOTHER/GUARDIAN _____

EMAIL ADDRESS _____

CELL NUMBER _____ EMPLOYER _____

THE FOLLOWING PEOPLE MAY BE CONTACTED AND MAY PICK UP MY CHILD:

NAME/RELATION _____ PHONE _____

NAME/RELATION _____ PHONE _____

NAME/RELATION _____ PHONE _____

NAME/RELATION _____ PHONE _____

PLEASE LIST EMERGENCY CONTACT IN CASE THE PARENT CANNOT BE CONTACTED:

NAME/RELATION _____ PHONE _____

NAME/RELATION _____ PHONE _____

PLEASE LIST ANY MEDICAL PROBLEM WE NEED TO BE AWARE:
