

**Rush Henrietta Central School District
Confidential Information**

| Student Information | | | | | | Hmrm# : | | | | | | | | | | | | | | | |
|---|--------------|---------------------|-------------|---------------------|----------|---|------------|--------------|------|--|--|------|--|--|------|--|--|------|--|--|-------|
| Student # | Last Name | First Name | Telephone # | Teacher | Grade | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Address | | | City | State | Zip | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Birthdate | Gender | Student's Physician | | Physician's Phone # | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Contact Information | | | | | | | | | | | | | | | | | | | | | |
| The student's Custodial Parents/Guardians are listed below and will be contacted in case of emergency (Call Order: Evaluate all phone numbers and indicate the order in which you want them called, starting with #1.) | | | | | | | | | | | | | | | | | | | | | |
| Title | Contact Name | Relationship | Lives With | Allowed to Pick Up | Employer | Phone Information | | | | | | | | | | | | | | | |
| | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Call Order</th> <th style="width: 50%;">Phone Number</th> <th style="width: 35%;">Type</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;">Home</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;">Cell</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;">Work</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;">Other</td> </tr> </tbody> </table> | Call Order | Phone Number | Type | | | Home | | | Cell | | | Work | | | Other |
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| | | Cell | | | | | | | | | | | | | | | | | | | |
| | | Work | | | | | | | | | | | | | | | | | | | |
| | | Other | | | | | | | | | | | | | | | | | | | |
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| | | Cell | | | | | | | | | | | | | | | | | | | |
| | | Work | | | | | | | | | | | | | | | | | | | |
| | | Other | | | | | | | | | | | | | | | | | | | |
| The following people may also be contacted in case of an emergency involving this student: | | | | | | | | | | | | | | | | | | | | | |
| Title | Contact Name | Relationship | Lives With | Allowed to Pick Up | Employer | Phone Information | | | | | | | | | | | | | | | |
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| | | Cell | | | | | | | | | | | | | | | | | | | |
| | | Work | | | | | | | | | | | | | | | | | | | |
| | | Other | | | | | | | | | | | | | | | | | | | |
| Family Information | | | | | | | | | | | | | | | | | | | | | |
| Listed below are family members of : | | | | | | | | | | | | | | | | | | | | | |
| Name | Building | | | Grade | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

If I can not be reached the persons named above are authorized to assume responsibility in the event of a serious illness or injury. This responsibility includes signing out/removing the student from school should the need arise. I give the school nurse, teacher, or designee permission to exchange pertinent medical information with my child's physician and emergency medical personnel.

Parent/Guardian Signature

Date