

Rush-Henrietta Central School District

Confidential Information

Student Information							
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	Allowed to Pick Up	Preferred Language for Communication	Phone Information		
					Call Order	Phone Number	Type
E-mail:							Home
							Cell
							Work
							Other
					Call Order	Phone Number	Type
E-mail:							Home
							Cell
							Work
							Other
The following people may also be contacted in case of an emergency involving this student:							
Title	Contact Name	Relationship	Allowed to Pick Up	Preferred Language for Communication	Phone Information		
					Call Order	Phone Number	Type
							Home
							Cell
							Work
							Other
					Call Order	Phone Number	Type
							Home
							Cell
							Work
							Other
Family Information							
Please list siblings below:							
Name	Birthdate	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.

By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.

Parent/Guardian Signature

Date