

**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	Allowed to Pick Up	Employer	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	Employer	Phone Information		
					Call Order	Phone Number	Type
E-mail							Home
							Cell
							Work
							Other
					Call Order	Phone Number	Type
E-mail							Home
							Cell
							Work
							Other
					Call Order	Phone Number	Type
E-mail							Home
							Cell
							Work
							Other

Family Information

Listed below are family members of :

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