

EMERGENCY INFORMATION SHEET

HILLSIDE ELEMENTARY SCHOOL

*478-6270 main office * 478-6280 nurse * 478-3785 fax

Please fill in the following information. If this information should change, please notify the office. Thank You.

Child's Name _____

Teacher's Name _____ *Grade* _____

Home Address _____

Home Telephone # _____

Mother's Name _____

Does mother live with child? Yes ___ *No* ___ *IF "NO"-PUT ADDRESS & TELE# BELOW

Mother's Cell # _____

Mother's Beeper # _____

Mother's Work # _____

Father's Name _____

Does father live with child? Yes ___ *No* ___ *IF "NO"-PUT ADDRESS & TELE# BELOW

Father's Cell # _____

Father's Beeper # _____

Father's Work # _____

EMERGENCY CONTACT:

#1-Name _____ *Relationship* _____

Phone _____ *cell* _____ *beeper* _____

#2-Name _____ *Relationship* _____

Phone _____ *cell* _____ *beeper* _____

#3-Name _____ *Relationship* _____

Phone _____ *cell* _____ *beeper* _____

Parent/Guardian Signature _____ *Date* _____

Space for additional telephone # & address