



## Fisher Island Day School Student Emergency Contact Form

### Student Information

Current Grade Level: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (Please check box)  Male  Female      Date of Birth (mm/dd/year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician's Contact Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please list all allergies: \_\_\_\_\_

Does the student take any medications? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

### Parent Information

#### Mother

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email Address: \_\_\_\_\_

#### Father

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Email Address: \_\_\_\_\_

### Emergency Contacts **(Please list up to 3 alternate contacts should parents cannot be reached)**

1) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date