

**SANDUSKY COMMUNITY SCHOOLS
EMERGENCY CONTACT FORM
SCHOOL YEAR 2015-2016**

Parents/Guardians:

Please complete this Emergency Contact Form so we have the most recent information on file. We take safety of your children very seriously, and updating this form yearly allows us to better fulfill that responsibility. Please return to the principal's office.

Thank You.

List all students (and current grade) in the same household:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name of Primary Parent/Guardian Residing in the Home:	Home Address:	Home Phone:	Work Phone:	Cell Phone:
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Student Enrolling) <input type="checkbox"/> Other: _____				
E-mail :				

Name of Secondary Parent/Guardian Residing in the home:	Home Address:	Home Phone:	Work Phone:	Cell Phone:
Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Self (Student Enrolling) <input type="checkbox"/> Other: _____ <i>(*Please note: Stepparents living in the home full-time have the same parental rights as the biological parents. Any questions or concerns, contact the building principal)</i>				

Name of Parent Living Elsewhere:	Relationship to Child:	Residence Phone:	Work Phone:	Cell Phone:
Address:			Have custody papers been provided to the district? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this person receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Custody Restrictions:				

Who can be called in case of an emergency if we cannot reach you at home or work?

Name: _____ Phone: _____

Address: _____ Work or Cell Phone: _____

Name: _____ Phone: _____

Address: _____ Work or Cell Phone: _____

In the event of a medical emergency and none of the persons listed above can be reached, I (we) give consent to the school personnel to seek medical treatment as deemed necessary.

Signature: _____ Relationship: _____

Signature: _____ Relationship: _____