

Westampton Township Public Schools

Emergency Information

Student Name: _____ Grade _____ Gender: F or M

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Parent or Guardian #1 (in case of an emergency, this person will be contacted 1st.)

Title _____ Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Employment _____ Work Phone _____

Are you displaced? Y ___ N ___ Children live with this person Y ___ N ___ / This person has legal custody Y ___ N ___

Parent or Guardian #2 (In case of an emergency, this person will be contacted 2nd.)

Title _____ Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Employment _____ Work Phone _____

Children live with this person Y ___ N ___ This person has legal custody Y ___ N ___

Children can be released to this person Y ___ N ___ (If no, please include custody papers)

ALL Other Members Living in Household (not including the child(ren) listed above):

Name	Relationship	Age	In School	Employed

In case Parent/Guardian 1 or 2 cannot be contacted in a medical emergency, please contact the following persons in order listed:

3. Name _____ Relationship _____

Phone _____ Cell _____ Work _____

4. Name _____ Relationship _____

Phone _____ Cell _____ Work _____

5. Name _____ Relationship _____

Phone _____ Cell _____ Work _____