

Please check box if any of your information has changed

LAST NAME FIRST NAME MIDDLE

Date of Birth: _____ Male Female Non-Binary

FOR OFFICE USE ONLY:

TEACHER: _____ GRADE: _____

STUDENT ID# _____ WALK HOME? _____

SMMUSD STUDENT INFORMATION & EMERGENCY CARD

This information is used to contact you (or one of the other adults you designate on the reverse side of this card) if your child becomes ill or injured, or any other emergency. This card is to be completed by a parent/guardian only. PLEASE PRINT CLEARLY. Please report any information changes to the school immediately.

STUDENT LIVES WITH: (CIRCLE ONE) BOTH PARENTS PARENT#1 PARENT#2 OTHER: _____

JOINT CUSTODY- DAYS/SCHEDULE _____

Joint custody: EACH parent must complete a set of emergency cards (PLEASE PROVIDE CUSTODY SCHEDULES IF APPLICABLE)

Primary Phone Number

Email

The phone number/email listed above will be used as primary contact information for school business

Student Primary Address

City

Zip Code

PARENT/GUARDIAN 1:

Name

Relationship to Student

Cell Phone

Email

PARENT/GUARDIAN 2:

Name

Relationship to Student

Cell Phone

Email

Health Problems : _____ Allergies: _____

Medications: _____

LOCAL EMERGENCY CONTACTS: (Please try to include someone who resides close to the school). **When I cannot be contacted or get to the school, I give my permission for my child to be released to the following adults ONLY:**

NAME: _____
Address _____ Phone _____ Relationship to Student _____

NAME: _____
Address _____ Phone _____ Relationship to Student _____

NAME: _____
Address _____ Phone _____ Relationship to Student _____

NAME: _____
Address _____ Phone _____ Relationship to Student _____

I give permission for my child to walk home from school. Yes: _____ No: _____ Initial of Parent or Legal Guardian (if yes): _____

OUT OF AREA EMERGENCY CONTACT: NAME: _____

ADDRESS _____ PHONE _____ Relationship to Student _____

****Please note: Student names, primary parent names and emails will be released to McKinley families for class rosters. If you do NOT wish your email to be released, please provide a written request to the school office by August 27th. (SMMUSD Parent Handbook)****

I authorize the release of photos and videos of my child for school related social media/year book during the school year: Please initial: Yes _____ No _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____