

# EMERGENCY Information

## Waite Phillips Elementary School

STUDENT'S FULL LEGAL NAME: Last                      First                      Middle Initial			BIRTHDATE:	RACE	SEX	GRADE
STUDENT'S "GOES BY" NAME:			HOME PHONE:	ADDITIONAL PHONE:		
STREET ADDRESS WHERE STUDENT LIVES:						
LIVES WITH ADULT MALE:			EMPLOYER:			
			WORK PHONE:		EXT:	
LIVES WITH ADULT FEMALE:			EMPLOYER:			
			WORK PHONE:		EXT:	

STUDENT'S PHYSICIAN:	PHONE:	HOSPITAL PREFERENCE:
#1 EMERGENCY CONTACT NAME (Other than parent)	PHONE:	RELATIONSHIP TO STUDENT:
#2 EMERGENCY CONTACT NAME (Other than parent)	PHONE:	RELATIONSHIP TO STUDENT:

OTHER CHILDREN ENROLLED IN TULSA PUBLIC SCHOOL	GRADE	SCHOOL
1.		
2.		
3.		
4.		

SPECIAL INFORMATION:		
Does the student have any unusual physical conditions or health problems?	<b>YES</b>	<b>NO</b>
If YES please explain:		

*(Form should be completed so that your child's information is kept current incase of an **EMERGENCY**)*  
**PLEASE RETURN THIS SHEET WITH YORU CHILD IMMEDIATELY!**

<b>FOR OFFICE USE ONLY:</b>		
TEACHER:	DATE UPDATED:	SID#