

LESTER PRAIRIE PUBLIC SCHOOLS

Emergency Information

FAMILY/GUARDIAN INFORMATION

Father	Name	E-Mail	
Street Address		PO Box	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other _____
City	State	Zip Code	Employer
Check all that apply:			
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/> Financial Resp			

Phone Type	Phone Number	Extension	
Home			<input type="checkbox"/> Primary
Cell Phone			<input type="checkbox"/> Primary
Work			<input type="checkbox"/> Primary

Mother	Name	E-Mail	
Street Address		PO Box	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other _____
City	State	Zip Code	Employer
Check all that apply:			
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/> Financial Resp			

Phone Type	Phone Number	Extension	
Home			<input type="checkbox"/> Primary
Cell Phone			<input type="checkbox"/> Primary
Work			<input type="checkbox"/> Primary

Other (Specify)	Name	E-Mail	
Street Address		PO Box	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other _____
City	State	Zip Code	Employer
Check all that apply:			
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed Rights <input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release To <input type="checkbox"/> Financial Resp			

Phone Type	Phone Number	Extension	
Home			<input type="checkbox"/> Primary
Cell Phone			<input type="checkbox"/> Primary
Work			<input type="checkbox"/> Primary

Names of Children in School	Gender	Grade	Date of Birth	Student Cell Phone Number
	M or F			
	M or F			
	M or F			
	M or F			
	M or F			
	M or F			

IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility. Please list in order to contact.		
Name	Relationship	Phone Number

Clinic/Doctor	City	Phone Number

HEALTH INFORMATION

Student Name	Health Conditions / Allergies / Surgery or Injuries in past 12 months

I, the undersigned parent/guardian, give my consent for the above named children to be released to me or my spouse or to the friend/relative I have so designated and/or to be taken by ambulance to the nearest hospital in case of emergency.

I understand that Lester Prairie 0424 does not provide accident medical/dental coverage for students for injuries/illnesses occurring at school.

I further acknowledge that I am financially responsible for medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury.

Signature Parent/Guardian _____	Date _____
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Should your contact information or place of residence change during the school year, be sure to notify the school office at 320-395-2521.