

**WHEELER HIGH SCHOOL  
EMERGENCY INFORMATION SHEET - 2009-2010 SCHOOL YEAR**

DATE: \_\_\_\_\_

Please PRINT Legibly

Current Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student Cell #: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Number Street Apt. #

City Zip code (ADDRESS CHANGES REQUIRE 2 PROOFS OF RESIDENCE TO BE SUBMITTED WITH THIS FORM – lease, and / or a current cable, electric, phone, water or gas bill)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Parent's E-Mail \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Do you want to receive Wheeler phone messages regarding attendance and upcoming events on this number? If not list alternate number here \_\_\_\_\_

Student lives with (Please circle one): Natural Parents Natural Mother Natural Father Legal Guardian

Siblings: Name: \_\_\_\_\_ Age \_\_\_\_\_ School Attending: \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ School Attending: \_\_\_\_\_

**Mother/Guardian 1**

Name: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father/Guardian 2**

Name: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Please list the names of two people who will be your student's emergency contact. The people listed below will be allowed to check your child out of school in the event that a parent cannot be reached when there is an emergency or illness, etc. concerning your child.

**Note: Your child will not be released unless we speak to you or your emergency contact.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Does your student have a special medical problem? \_\_\_\_\_

**Note: All medication must be kept in Admin III to be disbursed.**

If so, please explain \_\_\_\_\_

All effort will be made to reach a parent in the case of a medical emergency, but in the event that a parent or emergency contact cannot be reached we will do what ever is necessary to guarantee the medical well being of your student.

- I give permission for a school representative to transport this student to the nearest hospital and do authorize emergency treatment. I will assume full responsibility for all charges related to the above.

\_\_\_\_\_  
Signature of Parent or Guardian