



### Student Emergency Contact Information

Child's Name _____	Date of Birth _____	M	F
		Sex	
Parent's/Guardian's Name _____	Parent's/Guardian's Name _____		
( ) _____	( ) _____	( ) _____	( ) _____
Home Phone	Work Phone	Home Phone	Work Phone
Address _____	Address _____		
City, ST ZIP Code _____	City, ST ZIP Code _____		

#### Alternative Emergency Contacts

Parent's/Guardian's Name _____	
( ) _____	( ) _____
Home Phone	Work Phone
Address _____	City, ST ZIP Code _____

#### Medical Information

Allergies/Medication _____	Medical Considerations _____
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#### School Information

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Current IEP: \_\_\_\_ Yes \_\_\_\_ No      Limited/Non-English Speaking? \_\_\_\_ Yes \_\_\_\_ No

Permission for Photographs: \_\_\_\_ Yes \_\_\_\_ No

#### Transportation Information

My son/daughter \_\_\_\_\_ has my  
(Parent/Guardian) \_\_\_\_\_ permission to ride home with  
\_\_\_\_\_ from library tutoring sessions.