

WOODLAWN UNIT SCHOOL DISTRICT #209



300 NORTH CENTRAL LANE WOODLAWN, ILLINOIS 62898 PHONE: 618.735.2631 FAX: 618.735.2032

EMERGENCY FORM

(Student's First Name)

(Middle Name)

(Last Name)

(Address, City & Zip)

(Home Phone/Cell Phone)

Do you want address
and/or phone # given to
military recruiters?

Yes ___ or No ___

(Student's Social Security #)

(Birth Date)

Mother's maiden
Name: _____

PARENT INFORMATION:

(Father's/Guardian's Name) E-Mail Address _____

(Mother's/Guardian's Name) E-Mail Address _____

PLACE OF EMPLOYMENT:

(Father)

(Phone)

(Mother)

(Phone)

LIST TWO NEIGHBORS OR NEARBY RELATIVES WE CAN CONTACT IF YOU CANNOT BE REACHED:

1. _____ Phone _____
_____ Relationship to Child

2. _____ Phone _____
_____ Relationship to Child

I hereby release the school nurse or employee of Woodlawn High School, District 205 to contact the physician listed below or your family medical facility regarding my child, for the purpose of providing information or treatment medically necessary for my child's well being at school.

Signature of parent or guardian: _____ Date _____

Physician's Name _____ Phone _____

ANY ADDITIONAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT YOUR CHILD:

