

# The Villages® Charter School

2017-2018 EMERGENCY CONTACT/STUDENT INFORMATION SHEET

\_\_\_ PC  
\_\_\_ IC  
\_\_\_ 4-5  
\_\_\_ MS  
\_\_\_ HS

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Legal Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ M/F \_\_\_\_\_

Student Lives with \_\_\_\_\_

**FAMILY 1: Primary Legal Guardian (student's primary residence)**

Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  Pick Up  Custody

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ **Qualifying Parent? Yes / No**

Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  Pick Up  Custody

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Siblings/Students associated with Family 1 (Name, School, and Grade):  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY 2: Secondary Legal Guardian (student's secondary residence)**

Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  Pick Up  Custody

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ **Qualifying Parent? Yes / No**

Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  Pick Up  Custody

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Resident Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Siblings/Students associated with Family 2 (Name, School, and Grade):  
\_\_\_\_\_  
\_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK UP AND WHO WILL CARE FOR CHILD IN CASE PARENT/GUARDIAN CANNOT BE REACHED**

NAME \_\_\_\_\_ Phone# \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

NAME \_\_\_\_\_ Phone# \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

**PERSON(S) WHO MAY NOT PICK UP STUDENT (MUST PROVIDE LEGAL DOCUMENTATION)**

Name/Relationship \_\_\_\_\_ Name/Relationship \_\_\_\_\_

**Health Information**

Glasses, Contacts, or Hearing Aids: \_\_\_\_\_

Does your child have any of the following conditions: Asthma Yes \_\_\_ No \_\_\_ Seizures Yes \_\_\_ No \_\_\_ Diabetes Yes \_\_\_ No \_\_\_

Allergy to: Medication Yes \_\_\_ No \_\_\_ If Yes list: \_\_\_\_\_ Food Yes \_\_\_ No \_\_\_ If Yes list: \_\_\_\_\_

Insects Yes \_\_\_ No \_\_\_ If Yes list: \_\_\_\_\_ Allergies Yes \_\_\_ No \_\_\_ If Yes please list: \_\_\_\_\_

Muscular/Skeletal Problem Yes \_\_\_ No \_\_\_ If Yes list condition: \_\_\_\_\_

Heart Disease Yes \_\_\_ No \_\_\_ ADD/ADHD Yes \_\_\_ No \_\_\_ Hemophilia/Bleeding Disorder Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Do you wish a doctor to be listed for emergency contact? Yes \_\_\_ NO \_\_\_ If yes please provide the doctor name and number below.

\*If any of the following health conditions are marked yes, documentation of conditions must be provided from your child's Physician.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The information comprised on this form is correct to the best of my knowledge. I will not hold the school responsible for any incorrect information given. If any changes occur in this information, I understand it is my responsibility to contact the school immediately.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please Note: It is the parents' responsibility to immediately notify the school of any changes to the information provided on this form.**

The Villages Charter School Non-Discrimination Statement: No person shall, on the basis of race, color, religion, sex, age, national ethnic origin, marital status, qualified handicap or disability or social and family background, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity under the direction of The Villages Charter School.