

2022-2023 STUDENT EMERGENCY INFORMATION

It is imperative that we have at least two (2) WORKING telephone numbers for each student.

Student Name: _____ Date of Birth: _____ Grade: _____

Mother's name: _____ Mother's email: _____

Mother's address: _____ Fl/Apt: _____ City: _____

Cell phone: _____ Home phone: _____ Work phone: _____

Father's name: _____ Father's email: _____

Father's address: _____ Fl/Apt: _____ City: _____

Cell phone: _____ Home phone: _____ Work phone: _____

*****Please list the names of ANY and ALL persons Troy City School District is allowed to contact or release your child to in case of an emergency, including illness, serious injury, early dismissal of school or an evacuation emergency. If at any point an individual other than the parent or guardian attempts to release and/or pick up a child and they are NOT listed as an emergency contact the child WILL NOT under any circumstances be released until approval by the listed parent or guardian is given.*****

Emergency Contact 1: Name: _____ Relationship to Student: _____
Other than parent/guardian Allowed to pick up student: **Y/N**

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Emergency Contact 2: Name: _____ Relationship to Student: _____
Other than parent/guardian Allowed to pick up student: **Y/N**

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Emergency Contact 3: Name: _____ Relationship to Student: _____
Other than parent/guardian Allowed to pick up student: **Y/N**

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____