

**PLEASE USE BLACK  
OR DARK BLUE INK**

BUTLER AREA SCHOOL DISTRICT  
SECONDARY EMERGENCY DATA SHEET

SCHOOL YEAR 20\_\_\_\_-20\_\_\_\_

Please print clearly all data requested below and return this form to the school as soon as possible. Parents should list emergency contact persons who live near the school, have transportation, and have local phone numbers. The safety of your child may depend on the accuracy of this data. Please complete one form for each child.

<b>PERSONAL DATA</b>						
Student Name: (LAST)	(FIRST)	(MI)	Birth Date: / /	Grade:	Homeroom:	Student Number:
Address:				City/Zip:		Phone:
Father/Guardian:				Home Phone:		Work Phone:
Address (If different):						Cell/Pager:
Mother/Guardian:				Home Phone:		Work Phone:
Address (If different):						Cell/Pager:
Family Physician:						Phone:
Please note student medical problems. (If you wish them to be confidential, contact the nurse):						

<b>EMERGENCY DATA</b>			
<u>Contact Persons</u> Please list below persons we may contact in an emergency when parents/guardians are unavailable. These persons must also be authorized to pick up the student as a temporary designated custodian in the event of an evacuation or the need to transport the student for medical treatment. <b>List names in the order you would like us to make contact.</b>			
1. Name:	Phone:	3. Name:	Phone:
Address:	Relationship:	Address:	Relationship:
2. Name:	Phone:	4. Name:	Phone:
Address:	Relationship:	Address:	Relationship:
If this student has a vehicle at school, does he/she have permission to use that vehicle during an evacuation and also transport members of the immediate family during an evacuation? Yes No (Circle one)			
My son/daughter has permission for the following student(s) to ride with him/her:		My son/daughter has permission to ride with:	
_____		_____	

<b>MEDICAL</b>	
Insurance Company Name:	Policy Number:

I have read and understand the Butler Area School District Medication Policy.

In case of an emergency requiring immediate medical treatment, if I cannot be reached by phone, I give my permission to transport this student (by ambulance if necessary) to the Butler Memorial Hospital, and I will assume responsibility for expenses incurred.

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