

Emergency/Dismissal Form

Listed below is the Emergency Contact and Dismissal information on record at Qualters Middle School. Please review the report for accuracy and make any updates / changes as needed. When the form is complete, please sign the bottom and return it to the school.

Name	Birth Date
Address	Gender Grade
	Level
	Homeroom
Phone No.	Town of Birth
	State of Birth

In the event of sudden illness or accident, to whom may we dismiss this child?

<u>Relation</u>	<u>Contact Name</u>	<u>Contact Priority</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
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The asterisk () indicates the contact lives with the student.*

Please make any additions to your contact list below:

<u>Relation</u>	<u>Contact Name</u>	<u>Contact Priority</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
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If your email address is not listed above, please provide it here:

Please list below the addresses of any parent/guardian that does not live with the student:

Names and grades of siblings in school (excluding students currently at Qualters Middle School):

Please sign below if you give us permission to share this information with staff and emergency personnel.

Parent's Signature:

Date:

Please Check One

FORM REVISED

FORM NOT REVISED