



STUDENT EMERGENCY CONTACT FORM

**Please help us contact you in case of an emergency*

Student Personal Information

First Name _____ Last Name _____

Student Form _____ Male _____ Female _____

Please Circle: **Ethnicity** – *Hispanic or Latino* *Non Hispanic or Latino*

Please Circle: **Race** - *American Indian or Alaska Native* *Asian* *Black or African American*
Native Hawaiian or Other Pacific Islander *White*

Home Address _____

City _____

State _____ Zip code _____ District in which you reside _____

E-mail (if applicable) _____ Date of Birth _____

Mother Phone Number _____ Father Phone Number _____

Emergency Contact

First name _____ Last Name _____

Relationship _____

Primary Number _____ Secondary Number _____

Email _____

Secondary Emergency Contact

First name _____ Last Name _____

Relationship _____

Primary Number _____ Secondary Number _____

Email _____

***In case of an emergency PLEASE list your hospital preference _____**

Identify at least two people (or agency) who will be authorized to pick up your child/ren from school when you are unavailable.

Name _____ Number _____

Name _____ Number _____

***Note: This information will be used by Academy staff only and when it pertains to the physical or academic well-being of your child.**

Signature of Parent/Guardian _____

Date _____

Medication Administration Release

I authorize Governor French Academy to administer the following medication or prescription:

Name _____

Name of medication (1) _____ (2) _____

Prescription (1) _____ (2) _____

Amount _____

Time _____

My child's condition is _____

This permission will continue from _____ To _____

Please list any allergies:

Signature of Parent/Guardian _____ Date _____

My Child, _____ Age _____ may have Tylenol / Ibuprofen for
pain, tums for stomach upset, and cough drops for sore throat or cough.

For medical concerns, contact the authorized persons below.

Name _____ Phone _____

Name _____ Phone _____

Signature of Parent / Guardian _____ Date _____