

SOUTH CENTRAL NEBRASKA USD#5

FORM: FAMILY EMERGENCY FORM & (Grade 7-12) EMERGENCY TREATMENT AUTHORIZATION
 COMPLETED BY: All students (K-12) must complete this form, but only ONE per family, and return to office.

FAMILY NAME: _____

PARENT INFORMATION: Please complete the following.

Emergency Alert Contact Info - phone number you want contacted for emergency: (_____) _____

INFORMATION	MOTHER/GUARDIAN	FATHER/GUARDIAN
Name		
Mailing Address		
Email Address		
Home Phone		
Cell Phone		
Employer		
Work Phone		

What is the Primary Home Language: English Spanish Other: _____

What language did your child(ren) first learn to speak?

What language is spoken most often by your child(ren)?

What Language does your child(ren) most frequently use at home?

EMERGENCY CONTACT INFO: Please complete the following.

NAME OF CONTACT	RELATIONSHIP	PHONE #

STUDENT(S) INFORMATION: Please complete the following.

Date of Birth: ____/____/____	Name: _____	Ethnicity: Please check all that apply. <input type="checkbox"/> Yes, this student IS Hispanic/Latino. <input type="checkbox"/> No, this student is NOT Hispanic/Latino.
	Email: _____	
Grade: _____	Cell Phone: _____	Race: Please check all that apply. <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No - Does this student live in a home owned/rented that is provided by the biological parent/guardian(s)? If no, please explain. _____		
Date of Birth: ____/____/____	Name: _____	Ethnicity: Please check all that apply. <input type="checkbox"/> Yes, this student IS Hispanic/Latino. <input type="checkbox"/> No, this student is NOT Hispanic/Latino.
	Email: _____	
Grade: _____	Cell Phone: _____	Race: Please check all that apply. <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander Other: _____
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