

# Mrs. Mac's Shining Stars

## Emergency Information

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

### Alternate Contacts

\*Any of the people listed below will be allowed to pick up your child from school\*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

\* allergies, medical condition that may affect participation in certain activities, etc.\*

---

---

---

---

---

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_