RCB HIGH SCHOOL
Office of the Principal

One Eagle Way
Clarksburg, WV 26301
(304) 623-2453 Fax (304) 624-3211

Dear Parent:

Below you will find a form for emergency information regarding your child. Please fill out this form completely with the requested information, and return to your child's teacher as soon as possible. This form will be used to alert you in the event your child becomes ill or is injured while at school. Please be sure to inform neighbors or relatives if you are listing them as contacts in the event you cannot be reached. Please also give local contacts and phone numbers during school hours, you may list the names and phone numbers in the order you would prefer them to be called.

It is vital that each student have this form on file at the school. Please complete and return to school as soon as possible.

If your child has a health issue that needs to be addressed at school, please notify our school nurse, Jody Sperry RN at 326-7004.

Sincerely,
Leon Pilewski, Principal

STUDENT EMERGENCY FORM

Grade_____
Homeroom_____
Student's Name:_____ Birthdate_____
Last First
Address_____ Phone_____
Cell Phone_____
Mother's Name_____ Work Phone_____
Father's Name_____ Work Phone_____

In case of accident or illness in school and parents cannot be located, please contact:

1._____ Relationship _____ Phone_____
2._____ Relationship _____ Phone_____

In case of emergency and it is necessary to call a physician, please contact:

Family Physician:_____ Phone_____
Dentist:_____ Phone_____
Allergies (if any)_____ Phone_____
Current Medical Conditions (if any)_____
Medications at school:_____

Parent/Guardian Signature:_____Date:_____