

SIMPSON ELEMENTARY SCHOOL

Office of the Principal
250 Worthington Drive
Bridgeport, West Virginia 26330
(304) 842-3421
FAX: (304) 842-2568

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 school 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. Give local contacts. Please list the names and phone numbers in the order you would prefer.

It is vital that each child have this form on file at the school. Again, please complete and rerun to school as soon as possible.

Thank You,

Loria Reid, Principal

EMERGENCY FORM

Grade _____

Homeroom _____

Student's Name _____

Last

First

Birthdate _____

Address _____

Mother's Name _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Father's Name _____

Home Phone _____ **Work Phone** _____ **Cell 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) _____

Current Medical Conditions (if any) _____

Medications at school _____

Date _____ **Signature** _____

Printed Name _____