

Logan City School District

Student Emergency Information and Authorization Form

Student's Last Name _____ Lang.(s) Spoken in Home _____

Main Contact Phone Number(s) _____

Student Lives With: Both Parents Mother Father Other _____

Please only list students attending this school (Pre-Kindergarten-Fifth Grade)

Name	Gender	Date of Birth	Grade	Teacher

In case of accident, injury, or other emergency, please contact:

Mother's Name _____ Father's Name _____

Mother's Home Address _____ Father's Home Address _____

Mother's Home Phone _____ Father's Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Place of Employment _____ Place of Employment _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Email Address _____ Father's Email Address _____

If parents cannot be reached, in case of an emergency, my child can be released to the following persons:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In the event that none of the above are available, the school will call an ambulance or the paramedics, if appropriate.

Signature Indicates:

- A. Approval for my children to be included in field trips or other educational excursions approved by the principal.
- B. This authorization remains effective as long as my children remain in Logan Elementary Schools.

Court Records Verified

SIGNATURE: Parent or Guardian _____ Date _____