



Student Emergency Information

Name: _____

Address: _____

Parents: _____

Email: _____

Home#: _____

Cell# 1: _____

Cell# 2: _____

Food or Medication Allergies: _____

Please list persons other than parents authorized to pick up your child:

Name & Phone#

1. _____ 3. _____

2. _____ 4. _____

I have received the PDO Family Handbook. _____

Parent/Guardian signature

Date

