




2019-2020 Emergency/Health Information Update

Student Name: _____

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- There are no changes to my child's health/emergency contact information at this time. **(Please sign, date, and return to school.)**
 - Yes, there are changes to my child's health/emergency contact information, see below. **(Please update, sign, date, and return to school.)**

Emergency Information Updates:

Parent Guardian:

Name: _____ Relationship _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Mailing Address: _____

Home Address: _____

Parent Guardian:

Name: _____ Relationship _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Mailing Address: _____

Home Address: _____

Health Information Updates:



Parent/Guardian

Signature: _____ Date: _____