

GREENWICH STOW CREEK REGIONAL SCHOOL DISTRICT

2026-2027

Grade: _____

EMERGENCY FORM

Student's Name (last, first, MI): _____ Birthdate: _____

Home/Street Address: _____

Mailing Address if different: _____ Home Phone: _____

If applicable, please indicate if there are any special custody or living arrangements:

Mother/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mailing address if different from student: _____

Email address: _____

☐

Check box if Mother/Guardian should receive automated phone calls and emails from the school.

Father/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mailing address if different from student: _____

Email address: _____

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Check box if Father/Guardian should receive automated phone calls and emails from the school.

List 2 nearby relatives or neighbors who can assume temporary care of your child, in the case of an emergency or sudden illness, if you are unable to be reached. You can list others on the back.

1. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please list ALL siblings in the household and, if of school age, the school they attend:

Name	Age	Grade/School	Name	Age	Grade/School

I hereby give permission to release information regarding my child's health condition(s) to school personnel in order to best meet the medical and health needs of my child. In case of an emergency, I request that school personnel contact me. If school personnel are unable to reach me, school personnel may make necessary arrangements to treat my child at the nearest medical facility.

Parent/Guardian Signature: _____

Date: _____

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Extra Contacts

1. Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

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