

Goodman - Armstrong Creek School District

EMERGENCY LOCATOR FORM

Student's Name		Date of Birth	
Parents Name			
Address			
Phone Number		Cell Phone	

Does your student live with you? If not, please list additional contact informaton.

Parents Name			
Address			
Phone Number		Cell Phone	

Medical Clinic	Name		Phone	
Hospital	Name		Phone	
Dental	Name		Phone	

EMERGENCY CONTACT

Name		Relationship	
Address			
Phone Number		Cell Phone	

Name		Relationship	
Address			
Phone Number		Cell Phone	

MEDICAL CONDITIONS

Allergies	
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OTHER INFORMATION

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