

ALAN R. ESTES
SUPERINTENDENT

DAVID LARKIN
PRINCIPAL

618-735-2631
FAX #618-735-2032

Woodlawn Community High School

DISTRICT 205

300 N. CENTRAL LANE
WOODLAWN, ILLINOIS 62898



"HOME OF THE CARDINALS"

EMERGENCY FORM

(Student's First Name)

(Middle Name)

(Last Name)

(Address, City & Zip)

(Home Phone/Cell Phone)

Do you want address
and/or phone # given to
military recruiters?

Yes _____ or No _____

(Student's Social Security #)

(Birth Date)

PARENT INFORMATION:

(Father's/Guardian's Name) E-Mail Address _____

(Mother's/Guardian's Name) E-Mail Address _____

PLACE OF EMPLOYMENT:

(Father)

(Phone)

(Mother)

(Phone)

LIST TWO NEIGHBORS OR NEARBY RELATIVES WE CAN CONTACT IF YOU CANNOT BE REACHED:

1. _____ Phone _____

_____ Relationship to Child

2. _____ Phone _____

_____ Relationship to Child

I hereby release the school nurse or employee of Woodlawn High School, District 205 to contact the physician listed below or your family medical facility regarding my child, for the purpose of providing information or treatment medically necessary for my child's well being at school.

Signature of parent or guardian: _____ Date: _____

Physician's Name _____ Phone: _____

ANY ADDITIONAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT YOUR CHILD:

