

Westford Public Schools

Administrative Offices

23 Depot St. • Westford, Massachusetts 01886
www.westfordk12.us • (978) 692-5560 • FAX (978) 392-4497

2016-2017 Grade Five Chorus STUDENT EMERGENCY INFORMATION

Student Name: _____ Current Grade: _____

D.O.B.: _____ Age: _____ Gender: _____

Address: _____

Home Phone: _____ FAX #, if applicable: _____

FATHER'S NAME: _____ Father's Cell Phone: _____

Father's Preferred email(s): _____

Father's Employer: _____ Job Title: _____

Employer's Address: _____ Phone: _____

MOTHER'S NAME: _____ Mother's Cell Phone: _____

Mother's Preferred email(s): _____

Mother's Employer: _____ Job Title: _____

Employer's Address: _____ Phone: _____

If parents cannot be contacted, the following people are authorized to pick-up student:

Name	Phone	Relationship
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_____	_____	_____
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Family Physician: _____ Phone: _____

Allergies / Disabilities / Medical Problems: _____

I give consent for school personnel to use their judgment in securing medical aid in the event parents cannot be contacted.

Parent/Legal Guardian Signature: _____ Date: _____