

Changes to Information/Emergency Form

Child(ren)'s name(s)

Room number(s)

Parent/guardian (please print)

Signature

Date

Please complete only those sections below that apply.

Address

- Home Work
 Family Mother Father Parent/guardian

Name

NEW address

Delete address(es) we have on file? Home Work

E-Mail Address

- Mother Father Parent/guardian Other: _____

Name

NEW e-mail

Delete e-mail address(es) we have on file? Home Work

Phone Number

- Home Work Cell
 Mother Father Parent/guardian Other: _____

Name

NEW phone number

Name

NEW phone number

Delete phone number(s) we have on file? Home Work Cell

Pick-up Person

NEW pick-up person*

Phone number

Relationship to child

Authorize for emergency pick-up? Yes No

Delete name(s) we have on file? _____

I will not pick up my child, and he/she has my permission to walk/bike home: No Yes What time? _____

Health Alert

- Medical Alert **LIFE-THREATENING MEDICAL ALERT***

Please describe: _____

* If your child has a life-threatening medical condition, please fill out a pink Life-Threatening Medical Alert form and return it to the Meher Schools office immediately.