



2014-2015 STUDENT EMERGENCY CONTACT/EARLY DISMISSAL FORM

Student Name: _____

DOB: _____ Male: _____ Female: _____ Grade: _____

Address _____ Apt. # _____ City: _____ Zip: _____

Home #: _____ Work#: _____ Cell#: _____

With whom does student reside? Both Parents: _____ Mother: _____ Father: _____

Grandparents: _____ Guardian: _____ Other: _____

Custody restrictions/ Courts order on file? Yes: _____ No: _____

If yes, release only to: _____

MALE HEAD OF HOUSEHOLD

Full Name: _____

Email Address: _____

Place of Employment: _____

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

FEMALE HEAD OF HOUSEHOLD

Full Name: _____

Email Address: _____

Place of Employment: _____

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

LIST ALL SIBLINGS CURRENTLY ENROLLED AT NEW PARADIGM COLLEGE PREP ACADEMY:

Name: _____ DOB: _____ Male: _____ Female: _____ Grade: _____

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Name: _____ DOB: _____ Male: _____ Female: _____ Grade: _____

Name: _____ DOB: _____ Male: _____ Female: _____ Grade: _____

Name: _____ DOB: _____ Male: _____ Female: _____ Grade: _____

Name: _____ DOB: _____ Male: _____ Female: _____ Grade: _____

HEALTH INFORMATION:

Physician: _____ Hospital: _____ Phone: _____

Dentist: _____ Hospital: _____ Phone: _____

Please indicate any health problems we need to be aware of: _____

Does Student have known food allergies, if yes, what? _____

List medications (s) student require regularly: _____

Does the school have permission to call doctors/ ambulance? YES: _____ NO: _____

Date of student's last physical exam? _____ What is student Weight? _____ Height? _____

PLEASE SEE REVERSE

In case of an emergency, the school authorities have my permission to take such actions as they deem necessary.



Person/s NP COLLEGE PREP can contact in case parent/guardian cannot be reached in case of emergency:

Name: _____ Relationship: _____ Daytime Phone: _____
Name: _____ Relationship: _____ Daytime Phone: _____
Name: _____ Relationship: _____ Daytime Phone: _____
Name: _____ Relationship: _____ Daytime Phone: _____
Name: _____ Relationship: _____ Daytime Phone: _____

Early dismissal sign out (STUDENTS WILL BE RELEASED ONLY TO THOSE PERSONS LISTED ON THE CARD):

Signature: _____ Reason: _____ Date: _____ Time: _____
Signature: _____ Reason: _____ Date: _____ Time: _____
Signature: _____ Reason: _____ Date: _____ Time: _____
Signature: _____ Reason: _____ Date: _____ Time: _____
Signature: _____ Reason: _____ Date: _____ Time: _____
Signature: _____ Reason: _____ Date: _____ Time: _____

Parent/Guardian Signature _____ Date: _____

Office Use Only:

School Personnel: _____ Reason: _____ Date: _____ Time Out/In: ____/____

School Personnel: _____ Reason: _____ Date: _____ Time Out/In: ____/____

School Personnel: _____ Reason: _____ Date: _____ Time Out/In: ____/____

School Personnel: _____ Reason: _____ Date: _____ Time Out/In: ____/____

School Personnel: _____ Reason: _____ Date: _____ Time Out/In: ____/____

NEW PARADIGM COLLEGE PREP ACADEMY WHERE LEARNING IS A GIVEN AND SUCCESS IS A MUST!