

**ROSEVILLE HIGH SCHOOL
EMERGENCY DATA**

Please complete and return this form.

(If your current information has not changed, just write "same" in corresponding area.)

Last Name: _____ Grade _____
First Name: _____ Gender _____
Address: _____ Date of Birth _____
City/Zip: _____ Home Phone _____
Cell Phone _____

Parent/Guardian Information

Name: _____ Resides with student: Second Mailing:
Contact NOT allowed: Responsible Party:
Relationship: _____
Address: _____ Home Phone: _____
City/Zip: _____ Cell Phone: _____
Email: _____ Work Phone/Ext: _____

Name: _____ Resides with student: Second Mailing:
Contact NOT allowed: Responsible Party:
Relationship: _____
Address: _____ Home Phone: _____
City/Zip: _____ Cell Phone: _____
Email: _____ Work Phone/Ext: _____

Emergency Contact Information

Name	Relation	Address/City	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Health Information

Medical Alert 1: _____
Medical Alert 2: _____
Physician Name: _____
Physician Phone: _____

Signature of Parent/Guardian: _____ **Date:** _____