



Lake Washington School District

Emergency Notification - Secondary

Student Name _____ Last _____ First _____ Middle _____ Grade _____

Birth Date _____ Male | Female (circle) Bus Route _____ Teacher (Advisor) _____

Primary Household Information - Resident Address - where student resides

Parent/guardian #1 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Check if unlisted <input type="checkbox"/> Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ E-mail Address: _____
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Parent/guardian #2 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Check if unlisted <input type="checkbox"/> Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ E-mail Address: _____
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Street _____	Apt # _____
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City _____	Zip _____	Housing Development _____
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Mailing Address (if different from above)		
Street _____	P.O. Box _____	Apt # _____

City _____	State _____	Zip _____
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Second Household Information (if a parent lives at an address different from primary)

Parent/guardian #3 Last Name _____ First Name _____ Employer _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other	Check if unlisted <input type="checkbox"/> Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____ E-mail Address: _____
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Street _____	Apt # _____
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City _____	Zip _____	Housing Development _____
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Mailing Address (if different from above)		
Street _____	PO Box _____	Apt # _____

City _____	State _____	Zip _____
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Emergency Contacts

When injury or illness involving your child occurs, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list person(s) you trust who are available during the day to provide care for your child.

1. Name _____ Relationship _____ Phone () _____

2. Name _____ Relationship _____ Phone () _____

3. Name _____ Relationship _____ Phone () _____

Student Release Authorization: In the event the school is unable to contact the parent/guardian, I authorize the school to release my student to the person(s) listed above.

For grades 7-9, in the event of an unanticipated dismissal of school we will attempt to contact parents/guardians. If we are unable to reach you, please indicate if your student has permission to:

bus home (if buses run early) walk home

Please fill out other side

Health Information

It is the responsibility of parents/guardians to inform the school if a student has a serious health condition or special needs. This information will be reviewed by a district nurse and shared with school staff as needed.

Yes, my student has a serious health condition or special needs and I will complete the 'Nurse Alert' form included.

No, my student does not have a serious health condition or special needs.

Siblings in District

Name _____ School _____

Name _____ School _____

Name _____ School _____

Legal Parent/Guardian Signature _____ **Date** _____

Please notify your student's school if any of the information on this form changes during the school year.