

HOPKINS PUBLIC SCHOOLS
HOPKINS ELEMENTARY
400 Clark St. Hopkins, MI 49328
(269) 793-7286

STUDENT Emergency Information Sheet

Child's Name _____ Birthdate _____ Grade _____

Parent's Name _____
Father _____ Mother _____ (Last Name if different from child's)

Address _____ Phone _____
House # Street City/State Zip Code

PARENTS PLACE OF EMPLOYMENT

Father _____ Work Phone _____
Name of Employer Cell Phone _____

Mother _____ Work Phone _____
Name of Employer Cell Phone _____

Relative or Neighbor who will assume temporary care of your child if you can not be reached:

Name _____ Phone _____
Cell _____

Name _____ Phone _____
Cell _____

List any conditions or restrictions your child may have while at school:

Signature of Parent or Guardian _____ Date _____

Relationship to child _____