

SFWHS Emergency Information Addendum 2009-2010

Child/Student's Name _____ Grade _____

Siblings (list names/grades): _____

Parent's Signature _____ Date _____

Parent (1) Name _____

Change of Address

Street Address _____

City _____ State _____ Zip _____

Change of Cell Phone _____

Change of Email _____

Change of Employer

Employer _____ Work Phone _____

Change in custody issues _____

Other _____

Parent (2) Name _____

Change of Address

Street Address _____

City _____ State _____ Zip _____

Change of Cell Phone _____

Change of Email _____

Change of Employer

Employer _____ Work Phone _____

Change in custody issues _____

Other _____

Student Changes

Change of Cell Phone _____

Change of Email _____

Change in health issues _____

Change of responsible adult to contact for emergency (if parents cannot be reached)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please use the reverse side of the form if you need more space for explanation.

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