

Minerva Central School  
2017 - 2018

**NYS attendance regulations require an annual update of the following information for emergency purposes. Please complete and return to the main office.**

Date:

Name of Child(ren)

1.

3.

2.

4.

Name of each Parent/Guardian:

1.

2.

Mailing Address:

Street:

PO Box

Town:

State:

Zip:

Telephone

Home:

Cell:

Nearest:

Email Address

1.

2.

Father's Place of Employment

Telephone #

Mother's Place of Employment

Telephone #

In case of an emergency and I am unable to pick up my child(ren), I give permission for;

to pick up my child(ren). Their phone number is

I, , hereby give permission for my child(ren)

To receive emergency care, as needed, by the nearest available medical facility/physician, should I be unavailable. I understand I will be contacted as soon as possible should an emergency arise.

Date:

Signature: