

Dakota High School
Emergency Data Verification Form

09/01/2015

Please complete and return this form. Make any necessary changes in RED.

Name:	_____	--RESIDENCE--	_____	--MAILING--	_____
Grade:	_____	Address:	_____	Address:	_____
Gender:	_____	City/Zip:	_____	City/Zip:	_____
Birth Date:	_____	Phone:	<input type="checkbox"/> unlisted	Alt Phone:	<input type="checkbox"/> unlisted

Emergency Contacts

Name:	_____	Home Phone:	_____	Contact Priority:	_____
Relation:	_____	Cell Phone:	_____	<input type="checkbox"/> Resides with student	
Address:	_____	Other Phone:	_____	<input type="checkbox"/> Additional Mailing	
City/St/Zip:	_____	Work Phone/Ext:	_____		
E-Mail:	_____	Employer:	_____		

Name:	_____	Home Phone:	_____	Contact Priority:	_____
Relation:	_____	Cell Phone:	_____	<input type="checkbox"/> Resides with student	
Address:	_____	Other Phone:	_____	<input type="checkbox"/> Additional Mailing	
City/St/Zip:	_____	Work Phone/Ext:	_____		
E-Mail:	_____	Employer:	_____		

Name:	_____	Home Phone:	_____	Contact Priority:	_____
Relation:	_____	Cell Phone:	_____	<input type="checkbox"/> Resides with student	
Address:	_____	Other Phone:	_____	<input type="checkbox"/> Additional Mailing	
City/St/Zip:	_____	Work Phone/Ext:	_____		
E-Mail:	_____	Employer:	_____		

Name:	_____	Home Phone:	_____	Contact Priority:	_____
Relation:	_____	Cell Phone:	_____	<input type="checkbox"/> Resides with student	
Address:	_____	Other Phone:	_____	<input type="checkbox"/> Additional Mailing	
City/St/Zip:	_____	Work Phone/Ext:	_____		
E-Mail:	_____	Employer:	_____		

Other Emergency Contacts

<u>Name</u>	<u>Relation</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Health

Hospital: _____

Medications: _____

Medical Alerts: _____

Limitations: _____

Physician Name: _____ Dentist Name: _____

Physician Phone: _____ Dentist Phone: _____

☐ Asthma ☐ Diabetes ☐ Vision Problem ☐ Hearing Problem ☐ Heart Condition

Signature of Parent/Guardian: _____ Date: _____