



Aurora Public Schools

Pickens Kids Tech/William Smith Kids Tech

Student Emergency Contact Information

Student Information

Name _____ Date of Birth _____ M: F:
Address _____ City _____ State _____ Zip _____
Home Telephone _____
Student lives with _____

Parent/Guardian Information

Father's/Guardian's Name _____
Home Telephone _____ Cell Telephone _____
Home Address _____
City _____ State _____ Zip _____
Work Name/Address _____
City _____ State _____ Zip _____
Work Telephone (w/ Ext.) _____
Email _____
Best way to be contacted during School Hours _____

Mother's/Guardian's Name _____
Home Telephone _____ Cell Telephone _____
Home Address _____
City _____ State _____ Zip _____
Work Name/Address _____
City _____ State _____ Zip _____
Work Telephone (w/ Ext.) _____
Email _____
Best way to be contacted during School Hours _____

Note: Parent's or Guardian's listed above have permission to pick up the child, unless otherwise indicated. Notify the school administrator immediately if there are any court orders restricting non-custodial parents or others from contacting the child. Provide the administrator with this court order.

Physician, Dentist, Hospital of Choice

Physician Name _____ Telephone _____
Address _____
City _____ State _____ Zip _____

Dentist Name _____ Telephone _____
Address _____
City _____ State _____ Zip _____

Hospital Name _____ Telephone _____
Address _____
City _____ State _____ Zip _____



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Student Emergency Contact Information

Persons Authorized to Pick-Up/Drop-off and Assume Responsibility of the Child

Contact Name _____ Relationship _____
 Home Telephone _____ Cell Telephone _____
 Home Address _____
 City _____ State _____ Zip _____
 Work Name/Address _____
 City _____ State _____ Zip _____
 Work Telephone (w/ Ext.) _____

Contact Name _____ Relationship _____
 Home Telephone _____ Cell Telephone _____
 Home Address _____
 City _____ State _____ Zip _____
 Work Name/Address _____
 City _____ State _____ Zip _____
 Work Telephone (w/ Ext.) _____

Person to Pick-Up in case of EMERGENCY

Contact Name _____ Relationship _____
 Home Telephone _____ Cell Telephone _____
 Home Address _____
 City _____ State _____ Zip _____
 Work Name/Address _____
 City _____ State _____ Zip _____
 Work Telephone (w/ Ext.) _____

Emergency Care of Student

I do hereby authorize officials of Aurora Public Schools to contact directly the persons named on this card, and do authorize the named physicians or their associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event parent's or guardian's, or other persons named or the physician named on this card can not be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of foresaid child. Expenses, including any incurred as a result of emergency ambulance use or treatment by physician will not be borne by district.

Parent/Guardian Signature _____ Date _____

Enrollment Date _____