

Student ID# \_\_\_\_\_

# *Frazier School District*

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

2020-2021

## REGISTRATION FORM – EMERGENCY INFORMATION (List someone other than the Parents/Guardians)

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### PROVIDER INFORMATION:

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

\_\_\_\_\_  
\*Parent / Guardian (SIGNATURE REQUIRED)