

## EMERGENCY CONTACT INFORMATION

All information will remain confidential  
*This card will be used for emergency situations only*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name, First Name

Homeroom Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Student ID #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number to **Call Student**: ( ) \_\_\_\_\_ **Text**: ( ) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Last Name, First Name

Phone Number to **Call Parent/Guardian**: ( ) \_\_\_\_\_ **Text**: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Last Name, First Name

Phone Number to **Call Parent/Guardian**: ( ) \_\_\_\_\_ **Text**: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Other siblings that attend OMSD:

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_

Does the student have access to Wi-Fi at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student have access to any of the following for completing work?:

\_\_\_\_\_ Cell Phone \_\_\_\_\_ An additional device (laptop, computer, Chromebook, etc.?)

*Who is the caregiver of student during the day:*

Name: \_\_\_\_\_  
Last Name, First Name

Phone Number to **Call Caregiver**: ( ) \_\_\_\_\_ **Text**: ( ) \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

***Please return completed form to your student's teacher***