



**Corry Area School District**

540 East Pleasant Street  
Corry PA 16407  
Phone: (814) 664-4677  
Fax: (814) 664-9645  
<http://www.corrysd.net>

**Emergency Information Form**

ALL Students  
Completed by Parent or Guardian  
Page 1 of 2  
**2022-23 School Year**

**\*PLEASE COMPLETE ALL SECTIONS ON BOTH SIDES**

**STUDENT INFORMATION Section A**

Legal Last Name:		Legal First Name:		Middle Name:	
Primary Address:				Apt. No:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip:	Birth Date (mm/dd/yyyy):		
Building: <input type="checkbox"/> CAPS <input type="checkbox"/> CAIS <input type="checkbox"/> MS <input type="checkbox"/> HS		HR #:	Entering Grade:		
Teacher:					
Student Lives With (check all that apply):					
<input type="checkbox"/> Both Parents full time		<input type="checkbox"/> Mother		<input type="checkbox"/> Father	
<input type="checkbox"/> Guardian:		<input type="checkbox"/> Other:			
<b>Print Father's Name:</b>			<b>Print Step-Mother's Name:</b>		
Father's Address:			Step-Mother's Address:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:		
Employer:	Work #:	Employer:	Work #:		
Home #:	Cell #:	Home #:	Cell #:		
<b>Print Mother's Name:</b>			<b>Print Step-Father's Name:</b>		
Mother's Address:			Step-Father's Address:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:		
Employer:	Work #:	Employer:	Work #:		
Home #:	Cell #:	Home #:	Cell #:		
<b>Legal Guardian's Name: (If not living with a parent):</b>					
Guardian's Address:			Relationship:		
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			Employer:		
Cell #:			Work #:		
Home #:					

**EMERGENCY CONTACT INFORMATION Section B**

**You MUST provide two (2) alternate contacts that ARE NOT already listed in the Parent or Guardian section**

Last Name:	First Name:	Relationship:
Primary Phone:	Cell #:	
Last Name:	First Name:	Relationship:
Primary Phone:	Cell #:	
Family Doctor:	Phone:	
Family Dentist:	Phone:	

**SCHOOL REACH Section C**

*Please provide a phone number where the primary parent/guardian can be reached should there be the need to issue a School Reach call. Please note that this number should be your landline number or the cell number of the primary parent or guardian.*

Phone #	Phone #
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**MEDICAL RELEASE Section D**

*Medical information will be shared with school staff as deemed necessary for the safety of your child.*

Does your child have medical insurance?  No  Yes  Private  CHIPS  Medical Assistance

*It is understood that in case of emergency, the school authorities use their own judgement in sending the child to the Corry Memorial Hospital or a physician most easily accessible if the parent/guardian cannot be reached.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date