

# Emergency Verification Form

Northeastern School District  
41 Harding Street · Manchester, PA 17345  
717-266-3667 · www.nesd.k12.pa.us

Please enter any corrections on this page, on the back of this page, or on an attached page.

Student Name (Last, First)	Grade	Gender	Birthdate	Phone	Township	ID#
Home Address		Address 2		City	State	Zip

Parent/Guardian	Relation	Living w/Student?			
Home Phone	Cell Phone	Email			
Work Phone	Occupation				
Home Address		Address 2	City	State	Zip

Parent/Guardian	Relation	Living w/Student?			
Home Phone	Cell Phone	Email			
Work Phone	Occupation				
Home Address		Address 2	City	State	Zip

Parent/Guardian	Relation	Living w/Student?			
Home Phone	Cell Phone	Email			
Work Phone	Occupation				
Home Address		Address 2	City	State	Zip

Parent/Guardian	Relation	Living w/Student?			
Home Phone	Cell Phone	Email			
Work Phone	Occupation				
Home Address		Address 2	City	State	Zip

Emergency Contacts (Individuals who would assume temporary care of your child if the school can not reach you.)

First and Last Name	Phone Number	Phone Type	Comments

Emergency

Doctor	Phone
Hospital Preference	Phone
Dentist	Phone
Other	

If there is any other information you would like to share with the school nurse,  
please call the health room in your school

Health Notes: If your child requires medication in school please contact the school nurse regarding Northeastern's District Medication Policy. The school nurse will share information relevant to your child's health conditions with staff as deemed necessary for the safety of your student.

<b>Signature of Parent / Guardian</b>		<b>Date</b>	
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Any Changes to this information must be reported to the school office within 5 days.