

**Manheim Township School District 2015-2016**  
**Emergency Contact Information Form**  
**ONE FORM PER STUDENT**



Date: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_

MOTHER'S CONTACT PHONE NUMBER: \_\_\_\_\_

MOTHER'S E-MAIL \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_

FATHER'S CONTACT PHONE NUMBER: \_\_\_\_\_

FATHER'S E-MAIL \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT: \_\_\_\_\_

ALTERNATE'S PHONE NUMBER: \_\_\_\_\_

ALTERNATE'S E-MAIL \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ NUMBER: \_\_\_\_\_

ALLERGIES, MEDICATIONS OR ADDITIONAL COMMENTS: \_\_\_\_\_

**Student will ride MT Bus: Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Never \_\_\_\_\_**

**Please return completed form to**  
B. Oberle, Transportation Coordinator,  
PO Box 5134, Lancaster PA 17606  
email to [transportation@mtwp.net](mailto:transportation@mtwp.net) or fax to 717-560-3101

**Transportation Department 560-3092**