



# MASSANUTTEN MILITARY ACADEMY

614 S. Main Street, Woodstock, VA 22664

Phone: 540-459-2167, Fax: 540-459-5421

www.militaryschool.com

## EMERGENCY CONTACT STUDENT IDENTIFICATION AND REPORTING INFORMATION

### CADET INFORMATION:

\_\_\_\_\_  
Last Name      First Name      MI (Nickname)      Sex      Date of Birth      Race

\_\_\_\_\_  
Street      City      State      ZIP Code

\_\_\_\_\_  
ft. \_\_\_\_ in.      lbs. \_\_\_\_\_  
Height      Weight      Eye Color      Hair Color      Blood Type

\_\_\_\_\_  
Complexion (ex: light, medium, dark)      Scars, Marks, Tattoos, Other Characteristics

### Required Medication:

(1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_  
e. Allergies \_\_\_\_\_  
f. Other medical information \_\_\_\_\_

### PARENT INFORMATION: *(please check which parent is the legal guardian of cadet)*

**Primary Parent/Guardian**     Mother     Father     Other \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Social Security \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Yes \_\_\_\_\_ No

Telephone (h) \_\_\_\_\_ telephone (w) \_\_\_\_\_

Cell phone \_\_\_\_\_

e-mail (h) \_\_\_\_\_ e-mail (w) \_\_\_\_\_

Address \_\_\_\_\_

Employer name and address \_\_\_\_\_

**Secondary Parent/Guardian**     Mother     Father     Other \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_ Legal Guardian     Yes     No

Telephone (h) \_\_\_\_\_ telephone (w) \_\_\_\_\_

Cell phone \_\_\_\_\_

e-mail (h) \_\_\_\_\_ e-mail (w) \_\_\_\_\_

Address \_\_\_\_\_

Employer / Company name and address \_\_\_\_\_

- (1) Include in Academy e-mail notifications       Yes     No
- (2) Provide Academic Reports                       Yes     No
- (3) Provide Disciplinary Reports                  Yes     No
- (4) Provide Medical Information                  Yes     No

**Grandparents' Information:**

Name	Address	City	State	Zip
	Home phone	E-mail		Cell

Name	Address	City	State	Zip
	Home phone	E-mail		Cell

**Other Notification and Reporting Information:**

- a. In addition to the parents / guardians shown in paragraph 2, please provide a prioritized list of individuals we may contact in case of emergency. Parents / Guardians will be called first.

(1)	Name	Home Phone	Work Phone	Cell
		E-mail, Personal	E-mail, Work	Relationship
(2)	Name	Home Phone	Work Phone	Cell
		E-mail, Personal	E-mail, Work	Relationship
(3)	Name	Home Phone	Work Phone	Cell
		E-mail, Personal	E-mail, Work	Relationship

- b. Please list anyone, including family members that you do not want us to contact concerning your son/daughter:

(1)	Name	Relationship
(2)	Name	Relationship

5. Religious Preference: \_\_\_\_\_.

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

Date \_\_\_\_\_