



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 _____