



(715) 378-2263 • www.solonk12.net

SCHOOL DISTRICT OF SOLON SPRINGS

8993 E Baldwin Avenue • Solon Springs, WI 54873

Emergency Notification Form

School District of Solon Springs 2026-2027

Student: _____ Grade: _____
Last First Middle

DOB: ____/____/____ City and State of Birth: _____
(NEEDED FOR STATE REPORTS)

Home Address: _____
Street/PO Box Town Zip

Parent Phone: _____ Parent(s) E-Mail Address: _____

Student Cell Phone Number: _____

Status of Home:

Living with Father & Mother _____

Father & Stepmother _____

Father Only _____

Mother & Stepfather _____

Mother Only _____

Grandparents _____

Other ____*(Check Below)

*Other Status:

Motel or Campground ____ Car, Park, Abandoned Building ____ Doubled up with other people ____

By Court Order, this child ***MAY NOT*** be legally released into the custody of: (*We will need a copy of this court order for our files*)

(Full Name) _____

Father's Name _____ Cell _____
Last First

Address _____

Employer: _____ Work Phone: _____

Mother's Name _____ Cell _____
Last First

Address _____

Employer: _____ Work Phone: _____

OVER 

Parent in Military

1. Is either parent or guardian on active duty in the military ? Yes ____ No ____
2. Is either parent or guardian a traditional member of the Guard or Reserve? Yes ____ No ____
3. Is either parent or guardian a member of the Active Guard/ Preserve (AGR) under Title 10 or full time National Guard under Title 32? Yes ____ No ____

Health problems we should be aware of _____

Allergies _____

Special Instructions _____

Doctor to be notified _____ Telephone _____

Dentist _____ Telephone _____

If emergency treatment is needed and the parents cannot be reached immediately, may the school personnel use their own judgment in calling the doctor/dentist indicated above? Yes ____ No ____

If no, what do you want done? _____

Who should be contacted for treatment? _____

The School District has Advil, Tylenol & Benadryl in the office, do you give your permission for staff to administer Advil or Tylenol or Benadryl to your child if needed? Yes ____ No ____

*****Elementary parents ONLY will be notified before medication is given to a student.**

SIGN HERE

Date _____ Signature of Parent/Guardian _____

USE OF PHOTO/NAME/BROADCAST: I agree that any photo or video of a student or radio broadcasting of a student name will be used for the sole purpose of promoting the school district. I hereby release these to the media to be used in brochures, news articles, web sites, radio broadcast, and other media sources. **THE SCHOOL IS EQUIPPED WITH VIDEO SURVEILLANCE CAMERAS IN THE HALLWAYS AND GYMNASIUMS.**

SIGN HERE

Date _____ Signature of Parent/Guardian _____

****** MUST HAVE CONTACT PERSON OR CHILD CANNOT BE RELEASED ******

Names of friends or relatives that we may call should your child become ill at school and the parents cannot be reached:

First: _____	Telephone _____
Second: _____	Telephone _____
Third: _____	Telephone _____

SIGN HERE

Date _____ Signature of Parent/Guardian _____

Internet Acceptable Use is in our Student Handbook. Do you approve of your student having access to the internet? Please circle: Yes ____ No ____

SIGN HERE

Date _____ Signature of Parent/Guardian _____