



## EMERGENCY CONTACT INFORMATION

**Student** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

**Mother** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone# \_\_\_\_\_

**Father** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone# \_\_\_\_\_

In the event of an **extreme emergency**, the following are allowed to pick up my child:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_

(Turn Over)

Please list any allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list medications \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone# \_\_\_\_\_

In case of an accident or serious illness, and a parent or guardian is unable to be reached, the school is authorized to call the doctor listed above. If the doctor is impossible to contact, the school has the authority to make whatever decisions are deemed necessary and prudent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_