



# American International School of Brazzaville

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## EMERGENCY INFORMATION FORM (one per family)

Student Name/s (and grade/s): \_\_\_\_\_

Student Cell Phone Number (if applicable): \_\_\_\_\_

Parents Home Phone / Cell Number: \_\_\_\_\_

.....  
Father's name: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

Father's work phone: \_\_\_\_\_

Father's cell phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's e-mail address: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_

Driver's name: \_\_\_\_\_

Driver's cell phone: \_\_\_\_\_

House helper name: \_\_\_\_\_

House helper phone: \_\_\_\_\_

Name and telephone number of a non-parent **emergency contact person** in case we cannot reach the parents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Yes  No  I hereby authorize the American International School of Brazzaville to publish the telephone numbers and e-mail addresses indicated above in the school directory.

\_\_\_\_\_  
Parent Name / Nom de Parent

\_\_\_\_\_  
Parent Signature / Signature de Parent

\_\_\_\_\_  
Date