

**RED HOOK CENTRAL SCHOOL DISTRICT
EMERGENCY CONTACT FORM**

YEAR _____ TEACHER _____ GRADE _____

Name _____ Date of Birth _____ Male ___ Female ___
Last First MI

Residence Address _____
Street/Road City State Zip

Mailing Address _____
PO Box/Street City State Zip

Student resides with (check one):
 Both Parents at same address Both Parents at separate addresses
 Mother Father
 Mother/Stepfather** Father/Stepmother**
 Guardian** Foster Parents** Grandparent(s)**

** Name & Mailing Address of Step Parent, Foster Parent, Guardian or Grandparent(s) (include residence address if different)

_____/_____
Name Address

**Home Phone of Step Parent, Foster Parent, Guardian or Grandparent(s) _____

**Business &/or Cell Phone of Step Parent, Foster Parent, Guardian or Grandparent(s) _____

Father's Name _____

Mother's Name _____

Father's Mailing Address _____

Mother's Mailing Address _____

Father's Home Phone _____

Mother's Home Phone _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

E-mail Address _____

E-mail Address _____

List 2 LOCAL relatives or neighbors to contact if you are not available:

(I give permission to these people to pick up my child and assume temporary care if I cannot be reached)

1) _____
Name Address Phone

2) _____
Name Address Phone

Doctor: _____ **Phone:** _____

In the event that neither parent/guardian cannot be contacted in a serious emergency requiring medical attention, you have my permission to take my child _____ to the Emergency Room and this note will serve as authorization for the Emergency Room staff to take whatever steps they think necessary for the welfare of my child.

Signature of Parent/Guardian

Date