

# Emergency Contact Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(last name)

(first name)

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Student Resides With  Yes  No

Translation Preferred  Yes  No

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Parent is a member of the Armed Forces and on Active Duty

Yes  No

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Student Resides With  Yes  No

Translation Preferred  Yes  No

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Parent is a member of the Armed Forces and on Active Duty

Yes  No

**If my child has to be taken home because of a minor illness and I am not there or cannot be reached, please call:**

Name of 1st Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Name of 2nd Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Name of 3rd Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

My child has the following condition or allergy which requires special handling in any emergency \_\_\_\_\_  
\_\_\_\_\_

Are there any individuals whose access to your child is prohibited or restricted by court order? \_\_\_\_  
If yes, please attach copies of court order

In an emergency, when you cannot reach one of the above, I authorize the school to call 911. This authorization also includes permission to release pertinent medical records needed. In the event that one of the parents/guardians cannot be reached, please take my child to the nearest emergency treatment facility, by ambulance if necessary. I realize the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

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