

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Student's Name: _____ Grade/Teacher: _____/_____

Instructions:

Please complete each section. It is imperative that we have accurate numbers where the school/emergency department can reach parents/guardians in case of emergency. Please print clearly.

Parent/Guardian Information:

Mother's Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Address: _____

City, State, Zip _____

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Email: _____

Emergency Contacts—please list at least one person who will accept responsibility for your child during school hours when you cannot be reached:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone #1 _____

Phone #1 _____

Phone #2 _____

Phone #2 _____

Student's Physician:

Name: _____ Phone# _____

In a medical emergency, we hereby authorize school personnel to seek emergency medical assistance for our child, including admittance to a hospital, if necessary.

Parent/Guardian Signature Required

Date