

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 _____