Julian Curtiss Maget School
2026-2027

Student Name: _____ **Grade:** _____ **Homeroom:** _____

Address:_____ **Town:** _____ **Zip:** _____

Student Emergency Contact

Parent/Guardian	
Name:	
Relationship:	
Email Address	
Cell Phone #:	
Work Phone #:	

Parent/Guardian	
Name:	
Relationship:	
Email Address	
Cell Phone #:	
Work Phone #:	

List two emergency contacts who would have permission to pick up your child and assume temporary care of your child if you cannot be reached during an emergency. These contacts cannot be the same as parents or legal guardians, but may include grandparents, aunts, uncles, childcare providers, friends, and neighbors that live in the local area.

Emergency Contact	
Name:	
Relationship:	
Home Address:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	

Emergency Contact	
Name:	
Relationship:	
Home Address:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	

Student's Doctor	
Name:	
Address:	
Phone Number:	

Student's Dentist	
Name:	
Address:	
Phone Number:	

By signing this form, you give permission for any of the designated emergency contacts to pick up your child in case of an emergency school closure, illness, or missed bus. Should any of your emergency contact information change during the school year, please remember you need to inform the school as soon as possible. You are also providing consent for the school to share the information on this form with authorized individuals.

Parent or Legal Guardian's Signature: _____ Date: ____/____/_____

Print Last Name:_____ Print First Name: _____

****The information contained in this form is private and should be secured and accessed only be authorized individuals. This is needed to ensure compliance with HIPPA, FERPA, and individual rights to privacy.*