

EMERGENCY CONTACT INFORMATION

Student's
Last name: _____ First _____ Sex _____

Student's Date of Birth: _____

Mother or Guardian: _____ Home Tel # _____ Business Tel # _____

Cell Phone # _____

Home Address: _____

Father or Guardian: _____ Home Tel. # _____ Business Tel # _____

Cell Phone # _____

Home Address: _____

If school can not get in touch with either parent or guardian, please name a friend or relative who may be called upon if child becomes sick in school or in case of any other emergency.

Name: _____ **Home Address:** _____

Home Telephone # _____ Business Tel # _____

Cell Phone # _____

Child's Doctor _____ **Doctor's Phone #** _____

Address: _____

If none of the above can be reached by phone **what do you wish the school to do in case of emergency?**

(It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent or guardian as indicated above will be respected as far as possible.)

If at any time the above information must be changed, I will notify the school in writing.

Signature of Parent or Legal Guardian

Dated: