

Student Emergency Contact Information

(Please print clearly, complete entire form, and return to school as soon as possible)

Date: _____

Student's Name: _____
Last Name First Name Middle Name

Teacher: _____ Grade: _____

Parent/Guardian #1: _____

Address: _____
Number & Street City, State Zip Code

Home Phone: _____ Work Phone : _____

Cell Phone: _____ Email : _____

Your email will be added to our notification system. If you DO NOT wish to be added, please check

Parent/Guardian #2: _____

Address: _____
Number & Street City, State Zip Code

Home Phone: _____ Work Phone : _____

Cell Phone: _____ Email : _____

Your email will be added to our notification system. If you DO NOT wish to be added, please check

In the event that neither Parent/Guardian can be reached, please list three alternative contacts (relatives, neighbors, etc.) who will be able to assume temporary care of your child if you cannot be reached.

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____
- 3. Name: _____ Phone: _____

In the event of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his or her instructions. If it is impossible to contact this physician, the school may make necessary arrangements for the care of the student.

I would prefer that my child be taken to: _____
 if it is necessary. Hospital Name

Name of Physician: _____ Phone: _____

Address: _____
Number & Street City, State Zip Code

Parent/Guardian Signature: _____