



Emergency Contact Information

Student's Name: _____

Teacher/Class: _____

Parent/Guardian Name: _____

Address: _____

Phone(s): _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

List three relatives or neighbors who will assume temporary custody of your child if you cannot be reached:

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Preferred Hospital: _____

EMERGENCY AUTHORIZATION: In case of an accident or serious illness, I ask the school to contact me. If I cannot be reached, I authorize the school to seek emergency medical assistance for my child.

Parent/Guardian Signature: _____ Date: _____

***Please remember to update this form when information for your child changes.
It is very important to keep contact phone numbers up-to-date.***