

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_



# METRO CHARTER

## EMERGENCY CONTACT FORM

### STUDENT INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT/LEGAL GUARDIAN #1

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

### PARENT/LEGAL GUARDIAN #2

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

List 3 people that will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### OUT OF STATE CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Signature or Parent/Guardian \_\_\_\_\_

Allergies \_\_\_\_\_ Restrictions \_\_\_\_\_

Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_