
Emergency Contact Information:

In case of emergency, if parents cannot be reached, who should the school contact?

Contact #1:

Name: _____
Relationship

Home Phone: _____ Cell Phone: _____

Contact #2

Name: _____
Relationship

Home Phone: _____ Cell Phone: _____

Allergies/Medical Problems: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

In case of serious accident or illness, and I cannot be reached, I authorize the above physician/or emergency personnel as determined by the school, to provide emergency treatment for my child.

parent signature Date: _____

I do not authorize the school to contact the above physician or emergency personnel in the event of an emergency.

Parent signature Date: _____