Smart Bees Learning Center

Emergency Contact Form

2019-2020

STUDENTS NAME: _____
Last First Middle

GRADE: _____

Email Address (Both Parents' Emails Must Be Provided):----------

_____

Home Address: _____

_____

Home Tel: _____

Father's full name: _____

Father's place of employment: _____

Work Tel: _____

Cell #: _____

- ☐ please check here if you like to receive text messages with school news, announcements and weather related closures

Mother's full name: _____

Mother's place of employment: _____

Work Tel: _____

Cell #: _____

- ☐ please check here if you like to receive text messages with school news, announcements and weather related closures

Family Physician Name and Tel: _____

Person to call in case of emergency besides parents:

No.	NAME	TEL #	RELATIONSHIP
1.			
2.			
3.			

Any allergies or medical conditions we should know about: _____

*** IN CASE OF A REAL EMERGENCY 911 WILL BE CONTACTED FIRST THEN THE FAMILY MEMBERS WILL BE INFORMED IMMEDIATELY AFTERWARDS.**