



Emergency Contact Form

2020-2021

STUDENT NAME:
Last First Middle

GRADE:

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

Mother/Guardian: Father/Guardian:

Home Address:

Home Tel:

Father's full name:

Father's place of employment:

Father's place of employment address:

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:

Mother's place of employment address:

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.**