



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.**

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff / Guardian / People list in the release form to provide simple first aid treatment to my child, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by childcare program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature:

Date: