

EMERGENCY PROCEDURE INFORMATION

Please Print

Student's Name _____

Address _____

_____ Home Phone _____

Student's Cell Phone _____

Where Parents can be reached if not at home:

Mother _____ Mother's Work Phone _____

Mother's Cell Phone _____

Father _____ Father's Work Phone _____

Father's Cell Phone _____

List a neighbor, friend or relative who will assume temporary care of your student if you cannot be reached:

Name _____ Relationship _____

Address _____ Phone _____

Cell Phone _____

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

Signature of Parents _____

Local Physician's Name _____

Address _____

_____ Phone _____

List any health problems or conditions your child has that we should be aware of:

