

FAMILY EMERGENCY / PROCEDURE INFORMATION

Last Name _____ Phone # _____

Address _____

Home E-mail address _____

Father's name _____ Mother's name _____

Children Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Father's Place of Business _____

Business Phone _____ Father's Cell Phone _____

Father's E-mail Address _____

Mother's Place of Business _____

Business Phone _____ Mother's Cell Phone _____

Mother's E-mail Address _____

If parents cannot be reached, please call:

Name _____ Phone _____ Cell Phone _____

Name _____ Phone _____ Cell Phone _____

Day Care Giver or Babysitter

Name _____ Phone _____ Cell Phone _____

Do any of the students listed have any major or unusual health conditions?

Yes _____ No _____

If yes, please specify: _____

Local Physician's Name _____

Address _____ Phone _____

RELEASE In case of emergency, accident, or serious illness to the students named on this sheet in which medical treatment is required, I (parent/guardian) request the school to contact me or another person designated above. If the school is unable to reach me or another person designated, my signature below authorizes the school to exercise their own judgment in contacting the physician indicated above and to follow his/her instructions. If this physician is unavailable, the school may make whatever arrangements are necessary or transport the student to a hospital emergency room.

Parent/Guardian Signature _____ Date _____