

EMERGENCY CONTACT INFORMATION

Child's Name	Date of Birth	Class
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Parent's Name	Parent's Name
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Home Address and Telephone Number

Parent's Name and Work Telephone #	Parent's Name and Work Telephone #
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Parent's Cell Phone #	Parent's Cell Phone #
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Information regarding health that school personnel need to know (allergies, etc)

Emergency Contact Information:

Please list family/friends who may be contacted in an emergency if we cannot reach either parent or guardian. Please do not give us numbers of family who live out of state.

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____
4. _____ Phone # _____

Please list people your child may be released to on a daily basis if someone other than the parent will be picking your child up.

1. _____ Phone # _____
2. _____ Phone # _____

Parent's Signature _____ Date _____