EMERGENCY INFORMATION

Student's Name _____
(*Last*) (*First*)

Address _____

Home Telephone Number _____

Cell Telephone Number _____

Where Parents Can Be Reached:

Mother:_____ Work Telephone _____

Father:_____ Work Telephone _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____
   Address _____ Telephone _____

2. Name _____
   Address _____ Telephone _____

Date _____

In case of accident or serious illness, I request the school to 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 instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

_____
(*Signature of Parent or Guardian*)

Remarks:

Local Physician's Name _____

Address _____

Home Telephone _____ Office Telephone _____

Local Dentist's Name _____

Address _____

Home Telephone:_____ Office Telephone _____