

# EMERGENCY INFORMATION

**Student's Names:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Parent Information

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Emergency Contacts

Name & Phone : \_\_\_\_\_

Name & Phone: \_\_\_\_\_

*In the event of an accident or serious illness, I request the school to contact me. If the school is unable to reach myself or either of my emergency contacts, I hereby authorize the school to call emergency services and follow their instructions.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_