

EMERGENCY INFORMATION

Student's Names: _____ **Date of Birth:** _____

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:* _____