

EMERGENCY CONTACT FORM

PLEASE PRINT CLEARLY

Family Name: _____ (Only one sheet is necessary per family.)

ADDRESS: _____

STUDENT(s) NAME(s) _____ GRADE _____ D.O.B. _____

STUDENT(s) NAME(s) _____ GRADE _____ D.O.B. _____

STUDENT(s) NAME(s) _____ GRADE _____ D.O.B. _____

STUDENT(s) NAME(s) _____ GRADE _____ D O B _____

STUDENT(s) NAME(s) _____ GRADE _____ D O B _____

In case of emergency, the school is authorized to contact and release your child to the contacts listed below:

Contact (1) _____ Phone: _____ Relationship: _____

Contact (2) _____ Phone: _____ Relationship: _____

Contact (3) _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone _____

*** It is the parent/guardian's responsibility to notify transportation of important medical conditions.*

Signature _____ Date: _____

Please complete both sides