

EMERGENCY CONTACT INFORMATION

Student Name _____
Last First

Birth Date _____ Home Phone # _____

Father's Name _____ Mother's Name _____
(or Guardian) (or Guardian)

Address _____

City _____ State _____ Zip Code _____

Phone #'s Father's Work # _____ Mother's Work # _____

Cell/Pager # _____ Cell/Pager # _____

Child's Physician Name _____ Phone # _____

*** ALTERNATE PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name	Relationship	Phone #'s - Home	Work	Cell
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OTHER ADULTS WHO ARE AUTHORIZED TO PICK UP YOUR CHILD

Friends/ Neighbors/ Relatives

First Name	Last Name	Phone #s	Relationship to Child
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First Name	Last Name	Phone #s	Relationship to Child
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