



## 2018-2019 Emergency Contact Information

Student(s) Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOB:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mother / Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone#: \_\_\_\_\_

Home: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

### Father / Guardian Information:

Name: \_\_\_\_\_

Address: *(If different)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone#: \_\_\_\_\_

Home: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Please list (in order) whom to contact in case of medical inquiries or medical emergencies:

(If not parent/guardian please indicate relationship to student and phone#)

#1: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

#2: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

#3: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

#4: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

**A new form must be completed each school year. Please print legibly.**

**Only one form per family needed**