



CHIARAVALLE ACADEMY  
ENFIELD STREET, ENFIELD, CT 06082

## 2019/2020 Emergency Form

The following information is needed annually for each family. **Please print clearly in black or blue ink.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

Child(ren) live(s) with:    both parents    Parent A    Parent B

\_\_\_\_\_  
Child(ren)'s Home Address                      City              State              Zip

\_\_\_\_\_  
Home telephone

### In case of emergency we will try to contact Parent A first:

\_\_\_\_\_  
Parent A: name

\_\_\_\_\_  
Parent B: name

\_\_\_\_\_  
Parent A: emergency/work number

\_\_\_\_\_  
Parent B: emergency/work number

\_\_\_\_\_  
Parent A: cell phone number

\_\_\_\_\_  
Parent B: cell phone number

\_\_\_\_\_  
Parent A: e-mail address

\_\_\_\_\_  
Parent B: e-mail address

\_\_\_\_\_  
Parent A: address (if different than child)

\_\_\_\_\_  
Parent B: address (if different than child)

\_\_\_\_\_  
City    State              Zip

\_\_\_\_\_  
City    State              Zip

\_\_\_\_\_  
Parent A: home phone (if different than child)

\_\_\_\_\_  
Parent B: home phone (if different than child)

### Emergency Contact Information - Person(s) to call if a parent cannot be reached:

Name	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(OVER)

**In case of a medical emergency and you cannot be reached, please provide the following information:**

\_\_\_\_\_  
Name of Doctor to call

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Hospital to use

\_\_\_\_\_  
Telephone Number

**Permission for Pick-ups**

**State law also demands that we have written permission designating any person(s) other than parents/guardians who may call for their child(ren). The following person(s) have permission to pick up my child(ren).**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

Cell number \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature