

Please note: If this sheet was completed recently for new registration, another is not needed. Thank you.

EMERGENCY CONTACT INFORMATION IN CASE OF ILLNESS OR INJURY DURING SCHOOL

This sheet is kept in the student's medical file at school.

Today's Date: _____

Student: _____ Teacher: _____ Grade: _____

Special Health Problems: _____ Allergy: _____

Parents Name: _____ Phone: _____

Phone at Work – Mother: _____

Phone at Work – Father: _____

Mailing Address: _____

E-Mail Address: _____

Alternate contacts if you cannot be reached:

Name/Relationship to Student: _____

Phone #: _____

Name/Relationship to Student: _____

Phone #: _____

Name/Relationship to Student: _____

Phone #: _____

Please inform these family members/friends that you have chosen to list them as your alternative contacts. We suggest you choose someone who is local and that may be available when you are not.

A renewal is necessary each year.

Notes: _____

Thank you