

INFINITY STUDIOS CLT

Emergency Contact Form

The information requested on this form is confidential and for emergency use only. In the event of an emergency, the information will be used by Infinity Studios CLT personnel. Please provide accurate, complete, and true information.

STUDENT INFORMATION:

Student Name: _____
Address: _____ City: _____
Zip: _____
Phone Number: _____

EMERGENCY CONTACT INFORMATION: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____
Relation: _____
Address: _____ City: _____
Zip: _____
Primary Phone: _____
Alternate Phone: _____

Name of Alternative Contact: _____ Relation: _____
Address: _____ City: _____
Zip: _____
Primary Phone: _____
Alternate Phone: _____

CONDITIONS/ISSUES:

Please list any medical issues the student may have; i.e. asthma, allergies.....

In case of an emergency, I give permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed. _____