

EMERGENCY INFORMATION FORM

Student's Name Last _____ First _____

Please Print

Address _____

Telephone: _____

Where can parents be reached if not at home? _____

Mother: Address _____ Tel. _____

Father: Address _____ Tel. _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____

Address _____ Tel. _____

2. Name _____

Address _____ Tel. _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Local Physician's Name _____

Address _____

Office Telephone _____ Home Telephone _____

Signature

Date

See policy JLCE