

Emergency Contact Form

Students Name: _____

Address: _____

Date of Birth: _____

Health Card: _____

Allergies/ Medical Concerns: _____

Parent/ Guardian Information:

Parent/ Guardian 1

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Email: _____

Parent/ Guardian 2

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Email: _____

Emergency Contacts:

Emergency Contact 1

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact 2

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact 3

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact 4

Name: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____

Arrival:

Check appropriate arrival:

Parent drop-off _____ Bus _____ Before care _____

Dismissal:

Check appropriate dismissal:

Parent drop-off _____ Bus _____ After care _____

Does your child have any sibling at the school?

Yes

No

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Name: _____ Grade: _____ Teacher: _____

Is there any additional information you think we should know about your child?

Date: _____ **Parent Signature:** _____