



Family Emergency Form

Family's Last Name: _____ Home Phone: _____

Street Address: _____

City: _____ Zip Code: _____

Child's First Name	Birthplace (State/Country)	Birthdate (Mo/Date/Year)	Social Security #	Grade	Homeroom #
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Mother's Name: _____ Mother's Email: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Father's Name: _____ Father's Email: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Please list any health problems which you believe school personnel should be aware of: _____

In case of accident or serious illness, I request the school to contact me. If the school cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

Parent/Legal Guardian Signature: _____ Date: _____

Physician's Name: _____ Physician's Phone: _____

Please list below the name, address and telephone number of a relative or neighbor living nearby who is willing to pick up the student from school and provide temporary care in the parent's absence.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Parents have read and understand this Authorization and have made this Authorization based solely on their judgment and not on any representations or promises from the School. This authorization constitutes the entire agreement with respect to the School's use of the Images. This Authorization may be amended or supplemented only in writing and signed by the School and Parents.

Parents' Signatures:

Mother: _____ Date: _____
(Printed Name) (Signature)

Father: _____ Date: _____
(Printed Name) (Signature)