

## EMERGENCY CONTACTS

Please fill out all information requested completely. This information allows us to find you in case your child becomes ill or has a problem or if school closes for severe weather. The individuals that you list as emergency contacts must be local residents and should be able to assist in locating you in the case that we cannot (for example, list co-workers, secretaries, next-door neighbors, etc.).

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Parents' Names \_\_\_\_\_

Mother's Address \_\_\_\_\_

(if different from child's) \_\_\_\_\_

Mother's work number \_\_\_\_\_

Mother's cell number \_\_\_\_\_

Mother's pager \_\_\_\_\_

Father's Address \_\_\_\_\_

(if different from child's) \_\_\_\_\_

Father's work number \_\_\_\_\_

Father's cell number \_\_\_\_\_

Father's pager \_\_\_\_\_

Please inform us immediately of any changes in address(es) or phone numbers so that we may change our records.

**(Don't forget to fill out the back of this form, too)**

These individuals are not allowed to take your child from school unless they are also listed on the transportation form or have specific written permission.

1. Name \_\_\_\_\_

Full address \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Pager number \_\_\_\_\_

2. Name \_\_\_\_\_

Full address \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Pager number \_\_\_\_\_

3. Name \_\_\_\_\_

Full address \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Pager number \_\_\_\_\_