

EMERGENCY HOME CONTACT

Student _____ Class _____ Date _____
Last Name First Initial

I. Name: ^{Mother or} Guardian _____ Home Address _____ Phone _____
Business Address _____ Phone _____

If no phone in the home where can Mother or Guardian be reached by Phone _____

II. Name: Father _____ Business Address _____ Phone _____

If no business phone where can Father be reached by Phone _____

III. If school cannot get in touch with either of the above, name a friend or relative who may be called upon if the child is sick in school.

Name _____ Address _____ Phone _____

IV. Name: Doctor _____ Address _____ Phone _____

V. If none of the above can be reached by phone WHAT DO YOU WISH THE SCHOOL TO DO in case the child is sick or injured?

(It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail.
The recommendation of the parent as indicated above, will be respected as far as possible.)

VI. If at any time the above information must be changed, I will notify the Principal in writing.

(Please do not write below this line.) _____

Signature of Parent or Guardian _____

VII. Relevant items from Health Record _____
(If activity is restricted.)