



## Emergency Information

**Student Name:**

Last:	First:
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**Parents:**

Father's Name:	Mother's Name:
Address:	City, State, Zip:
Phone:	Cell:

**In case of an emergency, please contact this person first:**

Name:	Phone:	Cell:
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**If this person is not available, please contact this person next:**

Name:	Phone:	Cell:
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**If this person is not available, please contact this person next:**

Name:	Phone:	Cell:
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If emergency treatment is required and the parents or emergency contacts cannot be reached immediately, may the school authorities use their own judgment in calling a physician and/or ambulance?     Yes     No    If no, what procedure should the school follow?  
 Procedure:

\_\_\_\_\_

\_\_\_\_\_

Physician:	Phone:
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In the event school should have to be cancelled during the course of a normal school day (as for inclement weather, etc.) each child must know where their parents expect them to go. Please discuss this with your child so the child is clear about the proper procedures in this circumstance.

\_\_\_\_\_Our child may proceed home as usual. No phone call is needed.

Our child may proceed to \_\_\_\_\_ and will contact us from there.

The school must call \_\_\_\_\_ to verify arrangements.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_