



EMERGENCY CONTACT FORM

Student Information: PLEASE PRINT

Name: _____

Birthdate: _____ Sex: M F

Parent/Guardian Information: PLEASE PRINT

Mother: _____ Father: _____

Guardian: _____

Address: _____ City, State, Zip: _____

Home Telephone: _____ Mother/Father/Guardian

Work Telephone: _____ Mother/Father/Guardian

Work Telephone: _____ Mother/Father/Guardian

Cellular: _____ Mother/Father/Guardian

Cellular: _____ Mother/Father/Guardian

Parent/Guardian Email (optional): _____

Does the student have any condition or health issue that may affect participation in any physical activity? YES or NO

IF YES, please explain: _____

ALLERGIES/SPECIAL HEALTH CONDITIONS? YES or NO

Specify: _____

Physician or Clinic Information:

Name: _____

Address: _____

Telephone: _____

Please list, **IN ORDER OF PREFERENCE**, whom we should contact in case of an emergency or if your child becomes sick in school. **Your child will be released ONLY to persons named on this form.**

1) Name: _____ Relationship: _____

Home or Work: _____ Cellular: _____

2) Name: _____ Relationship: _____

Home or Work: _____ Cellular: _____

3) Name: _____ Relationship: _____

Home or Work: _____ Relationship: _____

NEVER RELEASE MY CHILD TO:
