



## Emergency Information

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Place and Address \_\_\_\_\_  
E-mail \_\_\_\_\_  
Alternate phone number(s) (beeper, cellular phone, etc.) \_\_\_\_\_

Parent \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Place and Address \_\_\_\_\_  
E-mail \_\_\_\_\_  
Alternate phone number(s) (beeper, cellular phone, etc.) \_\_\_\_\_

**EMERGENCY CONTACTS:** Must be **two** people other than parents who would be able to pick up your child during the day, if parents cannot be reached. In case of a situation in which you cannot be reached and your child is still at school at twenty minutes past the scheduled pick-up time, we will call one of these people. **These contacts must be located within 15 minutes of the school during school hours:**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone number \_\_\_\_\_ Address \_\_\_\_\_  
Alternate phone number(s) (beeper, cellular phone, etc.) \_\_\_\_\_
2. Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone number \_\_\_\_\_ Address \_\_\_\_\_  
Alternate phone number(s) (beeper, cellular phone, etc.) \_\_\_\_\_

**MEDICAL CONCERNS WE SHOULD BE ALERTED TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OUT OF TOWN CONTACT IN CASE OF CITYWIDE EMERGENCY:**  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Phone number \_\_\_\_\_ Address \_\_\_\_\_  
Alternate phone number(s) (beeper, cellular phone, etc.) \_\_\_\_\_

Please note: Whenever someone other than a parent or a designated emergency contact will be picking your child up from school, you must provide written authorization for this person to pick your child up, and the person must present a picture ID if you have not already introduced him or her to the teaching team.