



EMERGENCY CONTACT INFORMATION FORM

All parents or guardians must maintain an updated emergency contact form within our school office. Please complete the form below and return as soon as possible. Please notify us whenever there is a change to the information provided on this form.

Student:		DOB:
Street Address:		School District:
City:	State: Zip:	
Mother/Guardian:	Primary Phone Number:	Bus Company:
Email:	Secondary Phone Number:	
Father/ Guardian:	Primary Phone Number:	Bus Co. Phone:
Email:	Secondary Phone Number:	
<u>Emergency Contact</u>		
Name:	Relationship: <input type="checkbox"/> Grandparent <input type="checkbox"/> Family Friend <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Other	Home:
		Cell:
Name:	Relationship: <input type="checkbox"/> Grandparent <input type="checkbox"/> Family Friend <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Other	Home:
		Cell:
Name:	Relationship: <input type="checkbox"/> Grandparent <input type="checkbox"/> Family Friend <input type="checkbox"/> Aunt/ Uncle <input type="checkbox"/> Other	Home:
		Cell:
<u>Primary Care Physician</u>		
Primary Physician Name:	Practice Name:	Office:
	Address:	Fax:
Secondary Physician Name:	Practice Name:	Office:
	Address:	Fax: