

**Currier Museum Art Center
EMERGENCY CONTACT FORM**

Student's Name _____ Grade Entering _____

(Full Legal Name)

Student's Home Address _____

Mailing Address _____

Home Phone Number _____ Is this an unpublished number? _____

Sex: Female Male Date of Birth _____

Mother/Guardian's Name _____

Home Address _____

Home No. _____ Cell Phone _____ Work No. _____

Mother's Employer _____

Employer's Address _____

Father/Guardian's Name _____

Home Address _____

Home No. _____ Cell Phone _____ Work No. _____

Father's Employer _____

Employer's Address _____

Child lives with: _____ **Relationship to the child:** _____

Please check here if any Court Orders exist which relate to this student, and attach copies of all Orders, including legal guardianship orders, divorce or separation orders which address legal and physical custody, relevant visitation orders, and/or restraining orders. Please also attach copies of any petitions for guardianship or legal custody which have been filed with the Court. It is your responsibility to timely provide the Art Center with any subsequent Orders which are issued by any courts with regard to these matters.

I (sign name), _____ **authorize the Currier Museum Art Center to treat and/or call a doctor and/or take this child to a physician in case of an emergency – by ambulance if necessary.**

Local Emergency Contact (other than the parents):

1. _____ Home Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

2. _____ Home Phone _____ Work Phone _____

Cell Phone _____ Relationship _____

Doctor _____ Office Phone _____

Dentist _____ Office Phone _____

Please list any special needs: Allergies, ADHD, medical or behavioral issues for the student:

