

Both halves must be filled out

EMERGENCY INFORMATION

Please Print

Grade _____
Sport _____

Student's Name _____

Address _____ Home Tel. _____

City _____ Birth Date _____

Where parents can be reached during after school activities (work &/or cell #)

Mother Name _____ Tel. _____

Father Name _____ Tel. _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Tel. _____

Address _____ City _____

2. Name _____ Tel. _____

Address _____ City _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of parent/guardian _____

Remarks: _____

Allergies: _____

Other Conditions: _____

Local Physician's Name: _____

Address _____ City _____

Office Tel. # _____ Other Tel _____

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