

Dear Parents,

Please take a few minutes to fill out this **EMERGENCY CONTACT INFORMATION** for our **classroom files**. It is imperative that we have your current phone numbers on file, in case of illness or an emergency. If there should be a day when you won't be reachable at the numbers you list below please be sure to give a number where you can be reached to your child's teacher or at the front desk.

*We appreciate you taking the time to fill it out at the beginning of each session and whenever changes are needed to insure our records are kept current. Thank you for your cooperation!!!*

## **STUDENT EMERGENCY INFORMATION**

1. Child's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Emergency Phone Numbers (**please list name & phone # for each person**). I the undersigned give these people permission to pick up my child if I am unable to do so.

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

f) \_\_\_\_\_

5. Special Conditions (medical such as allergies, asthma etc. or family such as divorce, separation, new sibling etc.)

a) \_\_\_\_\_

b) \_\_\_\_\_

**PARENTS SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_