



Student Contact Information

Child's Name _____ Class _____

Mom's Work Phone # _____ Cell Phone # _____

Dad's Work Phone # _____ Cell Phone # _____

Emergency Contacts authorized to pick up and assume temporary care for my child if either parent is unavailable:

Name _____

Relationship _____ Phone Number _____

Name _____

Relationship _____ Phone Number _____

Parent's signature _____ Date _____

If there have been any changes in your child's medical information (including physician) please notify the office.

List Changes in Medical Information Here: