



# EMERGENCY CONSENT FORM

Dear Parents/Family Adults:

From time to time, emergencies arise and school personnel must locate a parent or another responsible adult. Please note alternative emergency contacts, by filling out this form as accurately and completely as possible.

Students Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Employer: \_\_\_\_\_

Other Phone Numbers (mobile, pager): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Employer: \_\_\_\_\_

Other Phone Numbers (mobile, pager): \_\_\_\_\_

Other Adults who may be contacted in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Does your child have any serious allergies or other medical issues which the school should be aware?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your child is seriously injured, and school personnel are unable to contact any person on this form, may school personnel have an ambulance transport your child to an emergency center?

YES  NO  Preferred emergency center: \_\_\_\_\_

Parent/Family Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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