

# Emergency Contact Sheet

Please complete the following information on this sheet AND on the attached index card. The completed sheet and index card should be returned to school by \_\_\_\_\_.

This information is imperative as it relates to medical concerns. All information is kept confidential. The index cards will be used to take on field trips in case of an emergency. This is for my records and does not replace any other official emergency contact sheet you may receive.

Thank you for your cooperation.

\_\_\_\_\_  
Child's First and Last Name

\_\_\_\_\_  
Mother's Name (or guardian)

\_\_\_\_\_  
Father's Name (or guardian)

\_\_\_\_\_  
Mother's Home Number

\_\_\_\_\_  
Father's Home Number

\_\_\_\_\_  
Mother's Cell

\_\_\_\_\_  
Father's Cell

\_\_\_\_\_  
Mother's Work

\_\_\_\_\_  
Father's Work

\_\_\_\_\_  
Pager Number

\_\_\_\_\_  
Student's Date of Birth

Allergies: \_\_\_\_\_

Treatment: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

Medications to be taken during school: \_\_\_\_\_

Emergency Contact Information—Please provide one contact other than parents.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Pager #

Your Email Address \_\_\_\_\_