

Family Emergency Contact Info

Child's Name: _____

Child's Name: _____

Parent/Guardian One → Name: _____ E-Mail: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

Place of Employment: _____ Work Phone (ext.): _____

Parent/Guardian Two → Name: _____ E-Mail: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

Place of Employment: _____ Work Phone (ext.): _____

Who lives with your child/ren? _____

Emergency Contacts (in the event that both parents/guardians cannot be reached)

Contact One → Name: _____ E-Mail: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

Place of Employment: _____ Work Phone (ext.): _____

Contact Two → Name: _____ E-Mail: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

Place of Employment: _____ Work Phone (ext.): _____

I hereby authorize the directors of Emerson Academy to contact the above persons in the event of an emergency or a situation where my child requires medical attention.

The above persons are authorized to pick my child/ren up from Emerson Academy in the event that neither parent/guardian can be reached.

Parent/Guardian One (Date)

Parent/Guardian Two (Date)