

# Emergency Information (2018-2019)

Student's Name (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ zip code

**Where can parents/ or legal guardian be reached if not at home?**

**Mother:** \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Father:** \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

**List a friend or relative who will assume temporary care of your child.**

1. Name: \_\_\_\_\_ (relation)

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ (relation)

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ (relation)

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_