



EMERGENCY CONTACT FORM

SCHOOL YEAR _ 2016-2017

Discovery Charter School

Student Name _____ Date of Birth _____

Address _____ City _____ State/Zip _____

Parent/Guardian Name _____

1. Home Phone _____ Work Phone _____ Cell Phone _____

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Emergency Contact/Authorization to Pick Child Up

(please list names other than parent/guardian)

				Emergency contact?	Authorized to pick up?*
1. Name	Phone 1	Phone 2	Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name	Phone 1	Phone 2	Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name	Phone 1	Phone 2	Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Name	Phone 1	Phone 2	Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Children will only be released to persons marked "yes" in the Authorized to Pick Up column, above.

Name of the child's physician or health clinic _____

Address _____ City _____ State/Zip _____

Phone number _____ After-hours number _____

Hospital preferred for emergency treatment _____

City _____ State _____

Known allergies _____

I hereby give permission to the staff of Discovery Charter School to secure emergency medical treatment and to administer first aid treatment for the above named child while in their care.

Parent/Guardian Signature _____ Date _____

Print Name _____