



# EMERGENCY CONTACT FORM

SCHOOL YEAR \_ 2018-2019

Discovery Charter School

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

1. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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 \_\_\_\_\_  Yes  No  Yes  No

2. Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Relationship \_\_\_\_\_  Yes  No  Yes  No

3. Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Relationship \_\_\_\_\_  Yes  No  Yes  No

4. Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Relationship \_\_\_\_\_  Yes  No  Yes  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 \_\_\_\_\_