

Emergency Contact Information

Personal Information

Student: _____ School: Home Instruction Schools

Parent/Guardian: _____ Relationship: _____

Home Address: _____

Home Telephone: _____ Cell: _____ Work: _____

Emergency Contact One: _____ Relationship: _____

Home Telephone: _____ Cell: _____ Work: _____

Emergency Contact Two: _____ Relationship: _____

Home Telephone: _____ Cell: _____ Work: _____

International Secondary Phone: _____

Medical Alerts/ Allergies/Diet Restrictions: _____

Medications child is taking: _____

Medical Equipment/Appliances: _____

Primary Care Physician: _____ Telephone: _____

Child's Hospital/Clinic: _____ Telephone: _____

Parent Authorization to release child to Alternative Care Provider: I authorize Home

Instruction Schools to release my child to: _____

in the event of an emergency.

I understand that it is my responsibility to notify the school of any changes in this information immediately.

Parent / Guardian Signature

Date: _____