



## EMERGENCY/INSTANT COMMUNICATION INFORMATION FORM

Date: \_\_\_\_\_

**STUDENT'S NAME** \_\_\_\_\_

Student Cell phone number \_\_\_\_\_

Current medication (if any) \_\_\_\_\_

Hospital of choice \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**In case of emergency, please contact one of the following persons (please list in order of preference):**

**CUSTODIAL PARENT/LEGAL GUARDIAN NAME** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

This person is also allowed to pick student up from school (circle preference): Yes No

**CUSTODIAL PARENT/LEGAL GUARDIAN NAME** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

This person is also allowed to pick student up from school (circle preference): Yes No

**ALTERNATE EMERGENCY CONTACT NAME** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

This person is also allowed to pick student up from school (circle preference): Yes No

**ALTERNATE EMERGENCY CONTACT NAME** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

This person is also allowed to pick student up from school (circle preference): Yes No

Special Instructions \_\_\_\_\_

I would prefer to be contacted via:

Text message (provide cell phone number) \_\_\_\_\_

Voice mail message (provide phone number) \_\_\_\_\_

Email \_\_\_\_\_