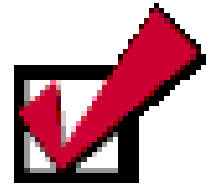




EMERGENCY CHECKLIST



2011-2012

STUDENT NAME: _____ **GRADE:** _____

TRANSPORTATION:

-Bus # (if known) _____ -Van -Pick Up -Walk Home

CHILD RESIDES WITH:

-Parents -Father Only -Mother Only -Other _____

Name _____ Relationship to Child _____

Address: _____ Phone Number(s): _____

EMERGENCY CONTACTS:

Name _____ Relationship to Child _____

Address: _____ Phone Number(s): _____

Name _____ Relationship to Child _____

Address: _____ Phone Number(s): _____

AUTHORIZED PERSONS TO PICKUP: (If different from above)

Name: _____ Relationship to Child: _____ Phone/Cell Number: _____

Name: _____ Relationship to Child: _____ Phone/Cell Number: _____

NON-AUTHORIZED PERSONS:

Name: _____ Relationship _____

Name: _____ Relationship _____

MEDICAL:

Physician/Address: _____ Phone Number: _____

Dentist/Address: _____ Phone Number: _____

Preferred Hospital in case of an emergency: _____

Allergies: _____



OTHER COMMENTS: _____



In addition to teaching, the safety of your children is very important to us, please give as much information as necessary!