

C.C.S. EMERGENCY INFORMATION

Home phone # _____

Student: _____
Last First Middle Initial Gender Grade Date of Birth

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Address: _____ City: _____ Zip: _____

Father's Email: _____ Mother's Email: _____

Student resides with:(circle) *Both parents* *Mother* *Father* *Other* Primary Language spoken in the home: _____

List the contacts in the order to be called **after parents** for daily pick-up, illness, injury, and emergencies.

Contact First:(circle) Mom Dad

Mother/Guardian: _____
Name Home # Work # Cell #

Father/Guardian: _____
Name Home # Work # Cell #

3. Name Daytime Phone # Cell Phone # Relationship to child

4. Name Daytime Phone # Cell Phone # Relationship to child

5. Name Daytime Phone # Cell Phone # Relationship to child

6. Name Daytime Phone # Cell Phone # Relationship to child

7. Name Daytime Phone # Cell Phone # Relationship to child

8. Name Daytime Phone # Cell Phone # Relationship to child

9. Name Daytime Phone # Cell Phone # Relationship to child

1. Should a serious illness or an accident occur and school personnel are unable to contact the parent(s)/guardian(s) permission is hereby granted for medical care to be given as required (the undersigned parent/guardian will pay any fee involved).
Parent/Guardian Signature: _____

Date: _____

2. What health problems/allergies does this student have? _____

We authorize the school secretary/staff to give Tylenol when necessary. Circle: YES NO