

EMERGENCY CONTACT LIST

Child's
Physician: _____ Phone: _____

Child's
Dentist: _____ Phone: _____

IN CASE OF AN EMERGENCY CALL (other than Parents)

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

I agree that in the event that my child becomes ill while at school and neither parent, or one of the above mentioned persons, can be located the Director or my child's Teacher has the right to call my child's physician and act according to his/her medical advice.

(Parent or Guardian Signature)

(Date)