



EMERGENCY CONTACT INFORMATION in the event of a medical emergency

Student Name _____ Gender M / F
Date of Birth _____ Grade _____

Please list only local telephone numbers:

Mother/Guardian _____ Mobile: _____
Work: _____
Home: _____

Father/Guardian _____ Mobile: _____
Work: _____
Home: _____

If we are unable to reach either parent, please list other local emergency contacts (e.g. nanny, driver, grandparent, work colleague, neighbor) :

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Important - If parents leave the country and leave their children under the supervision of others, parents must **notify the Front Office** regarding who will make emergency decisions on the child's behalf during that absence.

Parent/Guardian Signature

Date