

# Bethany Community School

## 2016-2017 Emergency Contact Information

### Student Information

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

### 1. Parent/Guardian (This will be the **first** person contacted.)

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Does this child reside with you? Y N

Are there any Custodial/Court Issues: Y N  
(If yes, please contact the school immediately and provide legal documentation.)

### 2. Parent/Guardian (This will be the **second** person contacted.)

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Does this child reside with you? Y N

Does this person have permission to pick the student up from school? Y N

Receive extra school mailings? Y N

### Communication Preferences

(In case of an emergency all phone numbers will be contacted.)

List all email address(es) to receive school and district communications (please print neatly):

Would you like to receive school/district phone calls and/or texts? Y N

If yes, please indicate phone number(s) (please print neatly):

## Additional Emergency Contacts

(Only those listed below will be allowed to assume temporary care of your child in place of the parent/guardian. Anyone not listed below will not be allowed to pick up the student.)

### Emergency Contact 1

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Emergency Contact 2

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### Emergency Contact 3

Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Apt City State Zip Code

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

## Medical Information

Allergies: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Remarks/Comments: \_\_\_\_\_

Does the student have health insurance? Y N Insurance Carrier: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements are necessary.

## Authorization and Release

I confirm that the information above is correct and will notify the school immediately if any changes occur to any of the above information.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date