

## Family Emergency Contact Info

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Parent/Guardian One** → Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone (ext.): \_\_\_\_\_

**Parent/Guardian Two** → Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone (ext.): \_\_\_\_\_

Who lives with your child/ren? \_\_\_\_\_

### **Emergency Contacts (in the event that both parents/guardians cannot be reached)**

**Contact One** → Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone (ext.): \_\_\_\_\_

**Contact Two** → Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone (ext.): \_\_\_\_\_

I hereby authorize the directors of Emerson Academy to contact the above persons in the event of an emergency or a situation where my child requires medical attention.

The above persons are authorized to pick my child/ren up from Emerson Academy in the event that neither parent/guardian can be reached.

\_\_\_\_\_  
Parent/Guardian One (Date)

\_\_\_\_\_  
Parent/Guardian Two (Date)