



Emergency Contact Form

Student's Name _____

D.O.B _____

Address _____

Phone # _____

Mother's Name _____

Cell # _____

Employer _____

Work # _____

Father's Name _____

Cell # _____

Employer _____

Work # _____

If we are unable to reach a parent, please list at least one adult who will assume care of your child.

Name _____

Relationship _____

Address _____

Phone _____

Cell# _____

Name _____

Relationship _____

Address _____

Phone _____

Cell# _____

Doctor _____

Phone# _____

Allergies _____

I hereby give permission to NNS to administer medication to my child.

Parent Signature

Date

I hereby give permission to NNS to arrange emergency treatment for my child if none of the above adults can be reached.

Parent Signature

Date