

Emergency Contact Form 2018-2019

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# _____

Any Known 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 _____