EMERGENCY INFORMATION
The Harbor School
2008 – 2009

Date _____

Child's Name _____
Last First Birth Date

Child's Home Address _____
Street/Apt # City State Zip Code Telephone

Parent/Guardian's Name _____
Last First Relationship to child Home Telephone

Home Address, if different from child's_____
Street City State Zip Code

Occupation _____ Place of Employment _____

Work Phone _____Cell phone_____ Primary Email Address _____

Parent/Guardian's Name _____
Last First Relationship to child Home Telephone

Home Address, if different from child's_____
Street City State Zip Code

Occupation _____ Place of Employment _____

Work Phone _____Cell phone_____ Primary Email Address _____

(Fold in half for reverse side)

Name of Person authorized to pick up child (other than parents, on a normal basis): _____
Last First Relationship to Child

Address _____
Street/Apt # City State Zip Code Telephone #

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____
Last First Telephone #

Address _____
Street/Apt # City State Zip Code

2. Name _____
Last First Telephone #

Address _____
Street/Apt # City State Zip Code

3. Name _____
Last First Telephone #

Address _____
Street/Apt # City State Zip Code

Child's Physician or Source of Health Care _____
Name Telephone #

Address _____
Street/Suite # City State Zip Code

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM.**
Your signature authorizes the responsible person at The Harbor School to have your child transported to that hospital.

_____
Signature of Parent/Guardian Date