

CCLC Emergency Contact Information 2009-10

It is very important that we are able to get in touch with you in case of emergencies. Please make sure you provide us with any possible way to contact you if needed.

Student 1:	Grade:
Student 2:	Grade:
Student 3:	Grade:
Student 4:	Grade:
Student 5:	Grade:

Parent/Guardian Name:		
Email Address:		
Street Address:		
Mailing Address:		
City:	State:	Zip:
Place of Employment:		
Work Street Address:		
City:	State:	Zip:
Work Phone:	Cell Phone:	
Home Phone:	Other Phone:	
Family Doctor:	Doctor's Phone:	

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

Contact 1:		
Relationship to Student:		
Home Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Place of Employment:		
Work Phone:		
Authorized for Student Release? _____Y _____N		
Authorized to make Medical Decisions for Student: _____Y _____N		

Contact 2:		
Relationship to Student:		
Home Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Place of Employment:		
Work Phone:		
Authorized for Student Release? _____Y _____N		
Authorized to make Medical Decisions for Student: _____Y _____N		

Additional Pertinent Information (Allergies, Medical Conditions, etc.) or Special Instructions:

Any Person(s) NOT authorized to pick up my child/children
