

CLOVIS POINT INTERMEDIATE SCHOOL
EMERGENCY CONTACT INFORMATION

Student's Name: _____

LAST

FIRST

Pupil is living with: Father _____ Mother _____ Both _____ Other _____

Parent's Name(or guardian's) _____

Home Address _____

Address

City

Father's Home # _____ Work # _____ Cell # _____

Mother's Home # _____ Work # _____ Cell # _____

Alternate Person to be notified in case of emergency or illness:

Name _____ Phone _____

Name _____ Phone _____

If I cannot be reached in an emergency and treatment is urgent, in the judgement of school authorities, I give my permission for the school to take my student to the doctor or hospital.

_____ Yes

_____ No

Parent's (Guardian's) Signature _____

Date _____