

Grade _____

Hunting Park Christian Academy

EMERGENCY CONTACT FORM

Please return on first day of school:

CHILD INFORMATION

Child's Name _____ Birthday _____

Child's Address _____

Home phone _____

EMERGENCY CONTACTS

Parent's/Guardian's Name: _____

Address _____

Work Phone _____ Cell phone _____ Home _____

E-mail address _____

Parent's/Guardian's Name: _____

Address _____

Work Phone _____ Cell phone _____ Home _____

E-mail address _____

If parent/guardian cannot be reached during an emergency please contact the following:

Name: _____ Relationship to student: _____

Phone: _____ Alternate phone: _____

Name: _____ Relationship to student: _____

Phone: _____ Alternate phone: _____

Child's Doctor's Name: _____ Phone: _____

PICK-UP INFORMATION

List the names, phone numbers, and relationship to child of all people allowed to pick up your child from school:
