



# EMERGENCY CONTACT INFORMATION FORM

## STUDENT INFORMATION:

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
JCA Teacher's Name

\_\_\_\_\_  
Grade Entering Into

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Address (including city, state, and zip code)

\_\_\_\_\_  
Student's Physician

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Student's Dentist

\_\_\_\_\_  
Phone

### MEDICAL CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

### OTHER IMPORTANT INFORMATION JCA SHOULD KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Turn over)*

**FATHER'S/MALE GUARDIAN'S INFORMATION:**

\_\_\_\_\_  
**FATHER'S** Full Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Address (including city, state, and zip code)

\_\_\_\_\_  
Mailing Address (if different from above – include city, state, and zip code)

**MOTHER'S/FEMALE GUARDIAN'S INFORMATION:**

\_\_\_\_\_  
**MOTHER'S** Full Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Address (including city, state, and zip code)

\_\_\_\_\_  
Mailing Address (if different from above – include city, state, and zip code)

**ADDITIONAL AUTHORIZED INDIVIDUALS TO PICK UP MY CHILD:**

Name:

Relationship to Student:

Telephone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent(s) or Guardian(s) Signature**

\_\_\_\_\_  
**Date**