



## Emergency Contact Information Form 2018-2019

### Family Name

Please enter your family's last name and the name(s) of your child(ren) in the blanks.

Family/Last Name \_\_\_\_\_

Child(ren)'s Name(s)

_____	_____
_____	_____
_____	_____

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

### Father/Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Mother/Guardian

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Student Lives with: Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other: \_\_\_

If 'Other' selected, please specify with whom the student lives: \_\_\_\_\_

### Alternate Contact Information

If parent/guardian cannot be contacted, please indicate the names of up to three alternate adults whom the school should call:

Alternate Adult (1) Name \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Alternate Adult (2) Name \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Alternate Adult (3) Name \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

TASA does not assume any financial responsibility but does wish to provide the best emergency service to include the following:

-for emergency medical care to be given by school personnel

-for school personnel authority to call EMS, be transported as necessary by school or EMS and obtain medical care by a hospital or the attending physician if you or the alternate adult(s) cannot be reached

By typing your name in the space provided below, you are effectively providing your signature, indicating that all the information on this form is true, accurate, has been read and understood.

Signature \_\_\_\_\_

Date \_\_\_\_\_