



Emergency Contact Information Form 2020-2021
(One Per Family)

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 Ph.: _____ Cell Ph.: _____

Work Ph.: _____ Email Address _____

Mother/Guardian

Name _____ Home Ph.: _____ Cell Ph.: _____

Work Ph.: _____ 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/signing 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 _____