

BRIAR HILL SCHOOL

EMERGENCY CONTACT INFORMATION

Child's Name _____ Date of Birth _____ Sex _____

Address _____

(Street)

(City)

(State)

(Zip)

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Child's physician:

Name _____ Phone _____

Address _____

Emergency Medical Contact:

Provide at least one person other than a parent/guardian that can be notified in the event of an emergency or illness. **This person must be able to pickup your child on short notice.**

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

In case of an accident or serious illness, I authorize the school to contact the physician listed above or seek whatever emergency medical treatment deemed necessary.

Date _____

Signed _____