

TLC EMERGENCY HOME CONTACT

Student's Name _____ **Date of Birth** _____ **Class** _____
 Sex _____ Male _____ Female _____
Name of Mother/Guardian _____
Home Address _____
Home Phone # _____ **Cell #** _____ **E-mail** _____
Work Phone # _____ **Cell #** _____ **Parent Home Language** _____
Name of Father/Guardian _____ **Written** _____
Home Address _____ **Oral** _____
Home Phone # _____ **Cell #** _____ **E-mail** _____
Work Phone # _____ **Cell #** _____

NOTE: Please list below any and all persons to call if your child is sick or needs to be picked up for any other reason. If none of the contacts can be reached by phone, what do you wish the school to do in case the child is sick in school?

MEDICAL ALERT: My child has the following medical condition: _____
 And I will obtain the correct authorization forms from the school office for treatment.

CUSTODIAL ALERT: I request that my child may not be released to _____ and I will provide the proper legal documentation to the school office to substantiate this request.

It is understood that in the final disposition of any emergency case, the judgment of the school authorities will prevail. The recommendation of the parent or guardian will be respected as far as possible. If at any time the above information must be changed, I will notify the Executive Director in writing.

Parent/Guardian's Signature: _____ Date _____

OTHER CONTACTS

<u>NAME & RELATION</u>	<u>PHONE NUMBER</u>	<u>EMAIL CONTACT</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		