

Emergency Contact Information Sheet

Atlanta, GA

May 17-19, 2019

Student's First and Last Name: _____

Student's cell phone number (if they have one): _____

Parent or Legal Guardian First and Last Name: _____

Relationship to Student: _____ Phone Number: _____

Email Address (PLEASE PRINT CLEARLY): _____

Parent or Legal Guardian First and Last Name: _____

Relationship to Student: _____ Phone Number: _____

Email Address (PLEASE PRINT CLEARLY): _____

Emergency Contact (If parent/legal guardian CANNOT be reached)

Name: _____ Phone Number: _____

Please list any health issues of which the chaperones should be aware:

NONE: _____ (please check)

If my child needs minor first aid or over the counter Tylenol (or like medications for headache, stomach ache, etc), I give permission for a chaperone to administer this medication.

Please check if permission is given. YES _____ **NO** _____

I am providing a copy of my student's insurance card in the event of an emergency medical situation.

Even with this signature, the chaperone will attempt ***first*** to contact the student's parent/guardian.

Signature of Parent or Legal Guardian

Date