



Emergency Authorization

Student: _____ DOB: _____ School Year: 2019-2020

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Student is allergic to: _____

Parent/Guardian information: Please complete according to your household

Father/Guardian: _____

Email: _____ Phone: _____

Place of Employment: _____ Phone: _____

Mother/Guardian: _____

Email: _____ Phone: _____

Place of Employment: _____ Phone: _____

Family Doctor to call in Emergency:

(Name)	(Telephone)	(Address)
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Name of person(s) authorized to call in the event of a serious illness or accident if parents cannot be reached.

(Name)	(Telephone)	(Address)
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(Name)	(Telephone)	(Address)
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(Name)	(Telephone)	(Address)
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Parent/Legal Guardian Signature: _____ **Date:** _____