

EVERGREEN COMMUNITY SCHOOL

EMERGENCY INFORMATION

School Year:
2023 through 2024

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____

PARENT (1) BUSINESS PHONE: _____

PARENT (1) CELL PHONE: _____

PARENT (2) BUSINESS PHONE: _____

PARENT (2) PHONE: _____

CARETAKER'S CELL PHONE: _____

LOCAL EMERGENCY CONTACTS:

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO CHILD: _____

CHILD'S DOCTOR:

NAME: _____

ADDRESS: _____

PHONE: _____

OUT-OF-STATE CONTACTS:

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO CHILD: _____

ADDITIONAL INFORMATION YOU WOULD LIKE US TO HAVE: