

**JLCE-FORM EMERGENCY INFORMATION**

**EPPING SCHOOL DISTRICT  
EMERGENCY INFORMATION FORM**

**(PLEASE PRINT)**

Student's Name Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_.

Where can parents be reached if not at home? \_\_\_\_\_

Mother: Address \_\_\_\_\_ Tel. \_\_\_\_\_

Father: Address \_\_\_\_\_ Tel. \_\_\_\_\_

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Local Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Office Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

APPROVED: September 22, 2005