

# Unatego Central School District

## Emergency Contact Sheet

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_

This person has permission to sign out this student:  Yes  No Relationship: \_\_\_\_\_ (to student)

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

(circle one) Cell Home Work

(circle one) Cell Home Work

**Emergency Contact #2:** \_\_\_\_\_

This person has permission to sign out this student:  Yes  No Relationship: \_\_\_\_\_ (to student)

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

(circle one) Cell Home Work

(circle one) Cell Home Work

**Emergency Contact #3:** \_\_\_\_\_

This person has permission to sign out this student:  Yes  No Relationship: \_\_\_\_\_ (to student)

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

(circle one) Cell Home Work

(circle one) Cell Home Work

**Emergency Contact #4:** \_\_\_\_\_

This person has permission to sign out this student:  Yes  No Relationship: \_\_\_\_\_ (to student)

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

(circle one) Cell Home Work

(circle one) Cell Home Work

**Emergency Contact #5:** \_\_\_\_\_

This person has permission to sign out this student:  Yes  No Relationship: \_\_\_\_\_ (to student)

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

(circle one) Cell Home Work

(circle one) Cell Home Work

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Special medical considerations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: (dose and time) \_\_\_\_\_

Parent/ Guardian (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please note only people listed above under the sign out/ pick up list will be able to pick up your child.**