Emergency Information

_____ ____ _____
Student's Name Last, First Grade Advisory Teacher

1. _____(___)_____(__)_____
1st Family Contact Relationship Work # Cell or Home #

2. _____(___)_____(__)_____
2nd Family Contact Relationship Work # Cell or Home #

Please list below the names of **adults over 18 years** of age who CCCS can contact when we are not able to reach you. Individuals named below are authorized by you to **pick up** your child from school in the event you are unable too.

1. _____(____)_____
Name Address Contact #

2. _____(____)_____
Name Address Contact #

3. _____(____)_____
Name Address Contact #

May the school call the **Paramedics** in case of an **immediate medical emergency**? __Yes ___ No
Podria la escuela llamar a los paramedicos en caso de emergéncia inmediata? __Si ___ No
Student's Health Insurance is provided by: _____ Member # _____
Aseguranza medica del estudiante provedora por: _____ Member # _____

_____ _____ _____
Signature of Parent or Guardian Print Date

Emergency Information

_____ ____ _____
Student's Name Last, First Grade Advisory Teacher

3. _____(___)_____(__)_____
1st Family Contact Relationship Work # Cell or Home #

4. _____(___)_____(__)_____
2nd Family Contact Relationship Work # Cell or Home #

Please list below the names of **adults over 18 years** of age who CCCS can contact when we are not able to reach you. Individuals named below are authorized by you to **pick up** your child from school in the event you are unable too.

4. _____(____)_____
Name Address Contact #

5. _____(____)_____
Name Address Contact #

6. _____(____)_____
Name Address Contact #

May the school call the **Paramedics** in case of an **immediate medical emergency**? __Yes ___ No
Podria la escuela llamar a los paramedicos en caso de emergéncia inmediata? __Si ___ No
Student's Health Insurance is provided by: _____ Member # _____
Aseguranza medica del estudiante provedora por: _____ Member # _____

_____ _____ _____
Signature of Parent or Guardian Print Date