



Today's Date: _____

MAXFIELD ELEMENTARY SCHOOL

EMERGENCY CONTACT FORM

Child's Name: _____ Grade: _____ DOB: _____

Siblings at Maxfield: _____ Siblings at Maxfield: _____

Siblings at Maxfield: _____ Siblings at Maxfield: _____

School Child is coming from: _____

Parent/Guardian's Name: _____

Address: _____ APT: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian's Name: _____

Address: _____ APT: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in the case of illness, accident, or emergency if for some reason the custodial parent or legal guardian cannot be reached.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List individuals specifically not authorized to pick up your child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In cases of custody issues: The school must have copies on file of all legal documentation, regarding custody issues, for enforcement.

HEALTH CONCERNS: _____