

College Achieve Central Charter School

Student Emergency Contact Form

Formato Contacto de Emergencia del Estudiante

Student Name: _____ Date: _____

Address: _____

Home Phone: _____ Mother Cell Phone: _____ Father Cell Phone: _____

Father's Name: _____ Work Phone: _____ Work Location: _____

Mother's Name: _____ Work Phone: _____ Work Location: _____

First Emergency Contact

Name: _____ Relationship: _____

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

Address: _____

Other Contact Information: _____

Second Emergency Contact

Name: _____ Relationship: _____

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

Address: _____

Other Contact Information: _____

Siblings

Name: _____ Grade: ___ School: _____

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

Address: _____

Other Contact Information: _____

Health Insurance? Yes ___ No ___

Type of Health Insurance: _____

If your child is involved in a medical emergency, the school authorities will arrange for transportation of the child to the nearest hospital. Parents are responsible for the financial obligation for such emergency care and transportation from the hospital.