	be necessary to contact paren	nts/guardians during a religious with the following information.		
Student Last Name	First Name	Middle Scho	ool Year	
Address		Home	e Phone	
City/Town, State		Zip C	Code	
Father/Paternal Guardian Business Address			Phone #	
		Cell Pl	hone #	
Mother/Maternal Guardian Business Address			#	
		Cell Pl	hone #	
name of the parent, to obtain Date	emergency ambulance services	ignature Parent/Guardian		
<u> •</u>		y situations, it is important that friends, or relatives) who you a		
Physician's Name, Address		Pone #	<u></u> Ł	
Local Friend or Relative's Name, Address			Phone #	
Local Friend or Relative's N	ame, Address	Phone	#	
-	2	xplain fully if child takes any as? Is your child allergic to pear	nuts?	

DATE:_____