



Emergency Contact Information 2024-2025

Student Information			
Last Name		First Name	
Middle Name		Suffix	
Address		City	
Street Address		Apartment #	
City	State	Zip	Country
Primary/Secondary Information			
Primary/Secondary 1 Name		Primary/Secondary 1 Contact	
Primary/Secondary 1 Cell Phone		Primary/Secondary 1 Work Phone	
Primary/Secondary 2 Name		Primary/Secondary 2 Contact	
Primary/Secondary 2 Cell Phone		Primary/Secondary 2 Work Phone	
Information required by the Department of Children Services			
EMERGENCY 911 CALLS ONLY CALL 911 FOR A TRAFFIC STOP/ACCIDENT			
Emergency Contact 1 Name		Emergency Contact 1 Phone	
Emergency Contact 1 Street Address		Emergency Contact 1 City, State and Zip	
Emergency Contact 2 Name		Emergency Contact 2 Phone	
Emergency Contact 2 Street Address		Emergency Contact 2 City, State and Zip	
Physician	Physician Phone		Physician City
Nurse	Nurse Phone		Nurse City
Preferred Hospital	Other Significant Medical Information		
Permissions			
I agree to authorize CDLC to make advance emergency (e.g., fire, etc.) related contact information available to other CDLC staff for the use and maintenance of my child while under the supervision of CDLC.			
I agree CDLC (under the supervision of a designated staff member) will be permitted to transport my child to the appropriate medical facility for my child's emergency and for treatment if the local emergency services (Police, Fire, EMS) are unable to respond. We consent to transport to the nearest appropriate facility.			
I authorize CDLC to provide medical information. The staff will need to contact the local emergency services to take the person, which procedure applies when taken as long as the person is not.			
I authorize CDLC to share my child's information with other staff members including but not limited to police, fire, EMS or emergency contact information.			
I agree CDLC personnel may view photographs and/or video of my child. I agree CDLC will agree to the design, printing, from the printing and/or video. I agree and I authorize all information of the request for photograph, printing or other material to only be used for CDLC's use. The right to privacy is not included in the CDLC use there in that person and active address, under the right to privacy, release and handling information.			
Original Signatures			
Primary/Secondary Parent/Name			
Primary/Secondary Signature			Date