



Lakeview School



2017-2018 Emergency Contact Information Form

Child's Full Name: _____

Home Address: _____

Home Phone Number: _____

Health Card Number: _____

Mother's Name: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

Mother's Employer: _____ Work #: _____

Email Address: _____

Father's Name: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

Father's Employer: _____ Work #: _____

Email Address: _____

Family Doctor Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

EMERGENCY CONTACTS (*other than parents*) who may be notified in case of emergency and may pick up your child at any time from Lakeview School. **** To be called only after trying to contact parents/guardians.****

1. Name: _____ Relationship to child: _____

Phone#1: _____ Phone #2: _____

2. Name: _____ Relationship to child: _____

Phone#1: _____ Phone #2: _____

3. Name: _____ Relationship to child: _____

Phone#1: _____ Phone #2: _____

Parent Signature

Date