



GREATER **JOHNSTOWN** SCHOOL DISTRICT

Child Emergency Contact Information

We need current emergency contacts of all children who attend East Side Elementary. In the event you are not able to be reached by all contacts you provide and emergency care is needed, your child will be taken to the hospital by ambulance and police will be contacted to notify you.

Please do not leave any blank spaces.

Child's First and Last Name _____

Mother's Home Address _____

Mother's Email Address _____

Father's Home Address _____

Father's Email Address _____

Mother's Phone Numbers (H) _____ (W) _____ (C) _____

Father's Phone Numbers (H) _____ (W) _____ (C) _____

Whom should we call when we are not able to contact you?

1. _____ Phone _____

2. _____ Phone _____

In case of serious illness or accident what doctor do you wish to be notified?

Name _____

Address _____

Hospital of Choice _____

Please note any significant medical history such as diabetes, epilepsy, or heart disease:

To insure your child of the medical care you desire in case of emergency the above information is necessary. Any change in same is the responsibility of the parent:

Signature of Parent _____