

OAK PARK PREPARATORY ACADEMY EMERGENCY CONTACT INFORMATION

RETURN
THIS FORM
TO THE
MAIN
OFFICE

Grade _____

Student's Name _____
Last First Middle

Address _____
Street City/State/Zip

Home Phone _____ Birth Date _____

E-mail address (please print legibly) _____

Where can parents be reached if not at home?

Mother _____
Name Address Phone

Father _____
Name Address Phone

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____

Address _____ Phone _____

2. Name _____

Address _____ Phone _____

Date _____

In case of an accident or serious illness. I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian _____

Remarks:

Allergies:

Other Conditions:

Medications on file with the school: (these medications must have a signed medical form - which can be obtained in the main office, and a physician's signature)



Local Physician's Name _____

Address _____

Office Phone _____ Other Phone _____