

**Millennium Community School**  
**Emergency Contact Information**

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Child's Date of Birth:** \_\_\_\_\_

Please list the names of relatives/friends/neighbors, ***IN CLOSE PROXIMITY TO THE SCHOOL***, whom we may release your child to or contact if you cannot be reached.

\*\*\*NOTE: In the event of an emergency or disaster, the parent/guardian will be phoned first.\*\*\*

**Emergency Contact 1:** \_\_\_\_\_  
Last Name First Name Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_  
Last Name First Name Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact 3:** \_\_\_\_\_  
Last Name First Name Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Instructions:**

I give permission to Millennium Community School to secure emergency medical and /or surgical treatment for the above named minor child while in its care.

I do not give permission to Millennium Community School to secure emergency medical and /or surgical treatment for the above named minor child while in its care.

Child's Doctor: \_\_\_\_\_  
Name Phone Number

Preferred Hospital (in case of emergency): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date