

THE LOWELL SCHOOL

EMERGENCY CONTACT INFORMATION

Student Name: _____

Address: _____

Home phone #: _____

Parent/Guardian Name: _____ Home phone # _____

Business phone #: _____ Cell phone #: _____

Address: _____

Parent/Guardian Name: _____ Home phone # _____

Business phone #: _____ Cell phone #: _____

I AUTHORIZE THE FOLLOWING PEOPLE TO PICK UP MY CHILD IN THE
EVENT OF AN EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home phone #: _____ Business phone #: _____

Cell phone #: _____

Name: _____ Relationship: _____

Address: _____

Home phone #: _____ Business phone #: _____

Cell phone #: _____

I agree to update this information immediately if changes occur.

Parent/Guardian Signature

Date