Castle Dale Elementary
Emergency Information

Emergency Information for:

_____ _____
Child's Name Grade Child's Name Grade

_____ _____
Child's Name Grade Child's Name Grade

HOME ADDRESS:

_____ _____
P. O. Box Street Address

_____ _____
City City

_____ _____ _____
Home Phone Cell Phone E-mail

_____ _____
Father's Name Place of Employment

_____
Work Phone

_____ _____
Mother's Name Place of Employment

_____
Work Phone

If there is an emergency, illness, or injury involving my children at Castle Dale Elementary and I am not available, please contact the individual listed below. (This person needs to live in Castle Dale or Orangeville.)

Name of Designated Responsible Individual: _____
Address of Designated Responsible Individual: _____
Phone No. of Designated Responsible Individual: _____

*I am aware that I have been designated by the parent as the responsible individual in the event the parent of the above child cannot be contacted.

_____
Signature of Designated Responsible Individual

Others persons authorized to check my children out of school in an emergency:
Name_____ Phone Number _____
Name_____ Phone Number _____
Name_____ Phone Number _____