

Family Emergency Contact

Dear Parent/Guardian:

Please complete and return to school as soon as possible. It is very important to keep our records up-to-date and provides us with the proper procedure you wish us to take if emergency care is needed for your child(ren). If any changes occur during the course of the school year, please call the school office with new information.

Student _____ Birthdate _____
Student _____ Birthdate _____
Student _____ Birthdate _____
Student _____ Birthdate _____

Parent/Guardian information:

Mother _____ Father _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____
Physician's Name & Phone _____
Dentist's Name & Phone _____

Please list any allergies or special needs your child(ren) may have which we are not aware:

Person(s) who will care for child(ren) in case a parent cannot be reached:

Name _____ Phone _____
Name _____ Phone _____

**Parent permission to give Tylenol: _____

In the event of bad weather, please watch WMUR Channel 9 for early dismissal and have arrangements made for your children to have a safe place to go if a responsible person will not be available at your home. Please call the school immediately if your children are to be cared for at another home so we can inform the bus drivers and/or staff. Thank you.

THE CAPITAL CITY PUBLIC CHARTER SCHOOL DOES NOT DISCRIMINATE ON
THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR DISABILITY.

“AN EQUAL OPPORTUNITY EMPLOYER”