

Grade: _____

Teacher _____

**UMS-Wright Lower School K4 Emergency Contact
Form 2016-2017**

Please provide the following information to be used when contact is required regarding your child at UMS-Wright Preparatory School during the school day.

CHILD'S NAME: _____

Called _____ Male _____ Female _____

Address: _____

Father's Name: _____ Mother's Name _____

Home Phone Number(s) _____ or _____

Employer: Father _____ Mother _____

Work #: Father _____ Mother _____

Cell #: Father _____ Mother _____

Names and numbers to be contacted if parents cannot be reached:

1. Name _____ Relationship _____

Phone #: Home _____ Cell _____ Work _____

2. Name _____ Relationship _____

Phone #: Home _____ Cell _____ Work _____

Medications that my child takes on a regular basis and dosage:

Please list any allergies or health conditions that require special treatment. Be specific in what the school should do or not do until you can be reached.

I give permission for UMS-Wright to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately.

Parent/Guardian Signature _____ Date _____