

Grade: _____

Teacher _____

**UMS-Wright Lower School
K5-4th Grade 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:

_____ I give UMS-Wright permission to administer over the counter non-aspirin medications, including first aid antiseptics, anti-nausea medications and allergy medications. The dosage guidelines printed on the medication label will be followed.

_____ I do NOT give UMS-Wright permission to administer over-the-counter medications to my child.

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 _____