



## Children Emergency Contact

A23

Child's Full Name		Today Date
Child's DOB		
Parent / Guardian Full Name		
Phone 1 #	Phone 2 #	
Email 1	<input type="checkbox"/>	Check mark an E-mail address to be used on Remind app.
Email 2	<input type="checkbox"/>	

### Internal Use Only

<input type="checkbox"/> Remind App	Code: <input type="text"/>
Comments:	

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent / Guardian Printed Name

Hand over this form to teachers