**EMERGENCY INFORMATION**

 Student Name:

 Last First Middle

 Grade:

 The first call will be made to the parent/guardian listed on the student basic pupil information sheet. Please list below alternate contact information in case the parent/guardian cannot be reached.

*I the undersigned, do hereby authorize officials at Port Allegany School District to contact directly the persons named below. In the event parents, guardians, or alternate contacts cannot be reached, the school officials are authorized to take whatever action is deemed necessary, in their judgment, for the health and well being of the above named child.*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Parent or Guardian)

 March 27, 2014

 (Date)

First Alternate Contact Name:       Relationship to child:

Address:

Specific Location:

Home Telephone:       Cell Telephone:       Work Telephone:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Second Alternate Contact Name:       Relationship to child:

Address:

Specific Location:

Home Telephone:       Cell Telephone:       Work Telephone:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Third Alternate Contact Name:       Relationship to child:

Address:

Specific Location:

Home Telephone:       Cell Telephone:       Work Telephone:

Please remember to print form and sign the form and return to Port Allegany Elementary School.

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