

Emergency Contacts



To be completed by school	
Start Date:	
Termination Date:	

Child's First Name: _____ Middle Name: _____
Family Name: _____
Date of Birth: _____
Age: _____

I, _____, give BMS permission to contact the following persons in case of emergency:

Name: _____	Relationship: _____
Day Time Number: _____	Cell: _____
Name: _____	Relationship: _____
Day Time Number: _____	Cell: _____
Name: _____	Relationship: _____
Day Time Number: _____	Cell: _____

The person(s) named above may be required to show their driver's license or equivalent government-issued ID to confirm identity.

I, _____, give my permission to transport my child in case of emergency.