

IDENTIFICATION AND EMERGENCY INFORMATION

In the event of an emergency involving this student, **Amigos de Palo Alto** will attempt to reach one of the responsible parties listed on this form. If responsible parties cannot be reached, we will try to contact one of the individuals listed an emergency contact in the order indicated. Anyone you list as an emergency contact must be authorized by you and have agreed to pick up your child in the event of emergency or illness.

Information being provided by: _____ Today's Date: _____

Child's Name: _____

RESPONSIBLE PARTY INFORMATION

1. Parent or Legal Guardian

Last name	First	Relationship		
Home address	City	State Zip	Home phone	
Employer name	Work address	City	State	Zip
Location during school hours	1 st phone #	2 nd phone #	E-mail address	

2. Parent or Legal Guardian

Last name	First	Relationship		
Home address	City	State	Zip	Home phone
Employer name	Work address	City	State	Zip
Location during school hours	1 st phone #	2 nd phone #	E-mail address	

EMERGENCY CONTACT INFORMATION

Last name	First	Relationship
1 st phone#	2 nd phone#	E-mail address

Last name	First	Relationship
1 st phone#	2 nd phone#	E-mail address

OUT OF STATE EMERGENCY CONTACT INFORMATION

Last name	First	Relationship
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1 st phone#	2 nd phone#	E-mail address
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Last name	First	Relationship
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1 st phone#	2 nd phone#	E-mail address
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OTHER PERSON AUTHORIZED TO PICK UP STUDENT

Last name	First	Relationship
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1 st phone#	2 nd phone#	E-mail address
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Last name	First	Relationship
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1 st phone#	2 nd phone#	E-mail address
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Last name	First	Relationship
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1 st phone#	2 nd phone#	E-mail address
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Last name	First	Relationship
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1 st phone#	2 nd phone#	E-mail address
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EMERGENCY MEDICAL CONTACT FOR THIS STUDENT

Doctor name and type

Doctor name and type	Address	1 st phone#
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