



STUDENT EMERGENCY CONTACT FORM

Student Name _____

Home Address _____

City, State, ZIP _____

Mother's Name: _____

Home Telephone # _____ Cell # _____

email Address _____

Father's Name: _____

Home Telephone # _____ Cell # _____

email Address _____

Emergency Contact (other than parents):

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

• I have voluntarily provided the above contact information and authorize GCCSA staff to contact any of the above on my behalf in the event of an emergency.

• I choose not to furnish any emergency contact information to Gate City Charter School at this time.

Signature _____ Date _____