BRIGHTality

EMERGENCY CONTACT FORM

Student Name:

D.O.B. Click or tap to enter a date.

Address:

Sending School:

Health Data/Allergies:

Parent/Guardian Information:

Name: **Relationship:**

Work Phone: **Home Phone:**

Cell Phone: **Email:**

Best Form of Contact:

Name: **Relationship:**

Work Phone: **Home Phone:**

Cell Phone: **Email:**

BRIGHTality

Emergency Contact Information (Others that can be reached)

Name: **Relationship:**

Work Phone: **Home Phone:**

Cell Phone: **Email:**

Is there anyone that is not allowed access to pick up the child?

☐ **YES** ☐ **NO**

If you checked yes, please list here:

If there is a court order, please provide that to us prior to enrolling