

**EMERGENCY CONTACT FORM 2018-2019 SCHOOL YEAR**

**STUDENT NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_  
Last First Middle Initial

**ADDRESS** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**DOB** \_\_\_\_\_ **MALE** \_\_\_ **FEMALE** \_\_\_ **OTHER** \_\_\_\_\_

**AGE** \_\_\_ **ETHNICITY** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

\*\*\*\*\*

**PARENT/GUARDIAN #1** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

ADDRESS(If different from student) \_\_\_\_\_

**HOME#** \_\_\_\_\_ **CELL#** \_\_\_\_\_ **OTHER#** \_\_\_\_\_

**PLACE OF WORK** \_\_\_\_\_ **WORK#** \_\_\_\_\_

**PARENT/GUARDIAN #2** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

ADDRESS(If different from student) \_\_\_\_\_

**HOME#** \_\_\_\_\_ **CELL#** \_\_\_\_\_ **OTHER#** \_\_\_\_\_

**PLACE OF WORK** \_\_\_\_\_ **WORK#** \_\_\_\_\_

\*\*\*\*\*

**Others approved to pick up the student** (those not listed WILL NOT be allowed to pick up the student)

**NAME** \_\_\_\_\_  
 Relation to student \_\_\_\_\_  
 Phone# \_\_\_\_\_

**NAME** \_\_\_\_\_  
 Relation to student \_\_\_\_\_  
 Phone# \_\_\_\_\_

**NAME** \_\_\_\_\_  
 Relation to student \_\_\_\_\_  
 Phone# \_\_\_\_\_

**NAME** \_\_\_\_\_  
 Relation to student \_\_\_\_\_  
 Phone# \_\_\_\_\_

*I understand that every effort will be made to contact me in the event of and emergency requiring medical attention for my child. If I cannot be reached, I authorize TAPA staff to contact emergency services at the nearest hospital and to secure for my child the necessary medial treatment.*

**PARENT/GUARDIAN NAME (PRINT)** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FORMULARIO DE CONTACTO DE EMERGENCIA AÑO ESCOLAR 2018-2019**

**NOMBRE DEL ESTUDIANTE** \_\_\_\_\_ **GRADO** \_\_\_\_\_  
Apellido Nombre Inicial Segundo Nombre

**DIRECCION** \_\_\_\_\_ **CODIGO POSTAL** \_\_\_\_\_

**FECHA NACIMIENTO** \_\_\_\_\_ **MASCULINO** \_\_\_ **FEMENINO** \_\_\_ **OTRO** \_\_\_\_\_

**EDAD** \_\_\_ **ETNICIDAD** \_\_\_\_\_ **PAIS DE NACIMIENTO** \_\_\_\_\_

\*\*\*\*\*

**PADRE/TUTOR #1** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**DIRECCION**(Si diferente al estudiante) \_\_\_\_\_

**#CASA** \_\_\_\_\_ **#CEL** \_\_\_\_\_ **OTRO#** \_\_\_\_\_

**LUGAR DE TRABAJO** \_\_\_\_\_ **#TRABAJO** \_\_\_\_\_

**PADRE/TUTOR #2** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**DIRECCION**(Si diferente al estudiante) \_\_\_\_\_

**#CASA** \_\_\_\_\_ **#CEL** \_\_\_\_\_ **OTRO#** \_\_\_\_\_

**LUGAR DE TRABAJO** \_\_\_\_\_ **#TRABAJO** \_\_\_\_\_

\*\*\*\*\*

**Otros autorizados para recoger al estudiante** (aquellos no listados NO PODRAN recoger al estudiante)

**NOMBRE** \_\_\_\_\_

Relación al estudiante \_\_\_\_\_

# Telf \_\_\_\_\_

**NOMBRE** \_\_\_\_\_

Relación al estudiante \_\_\_\_\_

# Telf \_\_\_\_\_

**NOMBRE** \_\_\_\_\_

Relación al estudiante \_\_\_\_\_

# Telf \_\_\_\_\_

**NOMBRE** \_\_\_\_\_

Relación al estudiante \_\_\_\_\_

# Telf \_\_\_\_\_

*Comprendo que se hará todo esfuerzo posible por contactarme en caso de una emergencia con mi hijo/a que requiera atención medica. De no ser posible, autorizo a la facultad de TAPA a comunicarse con los servicios de emergencia del hospital mas cercano y de proporcionarle a mi hijo/a los tratamientos medicos necesarios.*

**NOMBRE DEL PADRE/TUTOR (LETRA MOLDE)** \_\_\_\_\_

**FIRMA DEL PADRE/TUTOR** \_\_\_\_\_ **FECHA** \_\_\_\_\_