



THE CAMPUS  
LABORATORY SCHOOL  
of Carlow University

# Emergency Contact Form

Please print clearly and complete **both sides**.  
Answer all questions and return form to the office.

Student ID: \_\_\_\_\_

For office use only.

Student's Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth (Month/Day/ Year): \_\_\_\_\_

Street Address (Include Zip Code): \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Check here if the address listed above is different from the last school year.

## Student Resides With:

Check all that apply. Please print name(s) and phone number(s) where individual(s) can be reached during the school day. In emergency situations, these individuals will be notified first. *\*If student has more than one residence, please complete an Emergency Contact Form for each parent/location.*

Parent 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title First Name Last Name  Home  Cell  Work  Other

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 This individual is authorized to pick up the above student in an emergency situation.  Home  Cell  Work  Other

Parent 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title First Name Last Name  Home  Cell  Work  Other

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 This individual is authorized to pick up the above student in an emergency situation.  Home  Cell  Work  Other

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title First Name Last Name  Home  Cell  Work  Other

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 This individual is authorized to pick up the above student in an emergency situation.  Home  Cell  Work  Other

## Emergency Contacts

In cases of illness or injury, when a parent/guardian cannot be reached, these individuals will be contacted. Please list individuals in order of who should be called first. By providing this information, you are giving permission for the person or persons listed below to be contacted in case of an emergency.

Contact Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title First Name Last Name  Home  Cell  Work  Other

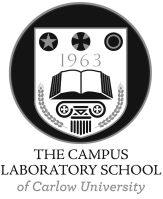
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 This individual is authorized to pick up the above student in an emergency situation.  Home  Cell  Work  Other

Contact Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title First Name Last Name  Home  Cell  Work  Other

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 This individual is authorized to pick up the above student in an emergency situation.  Home  Cell  Work  Other

Please turn over and complete the back.





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## Transportation

Check all that apply on a **regular basis**. \*\*Please note: Registration is required for Extended Day and should be completed separately.

Home School District: \_\_\_\_\_ Home School: \_\_\_\_\_

**ARRIVAL:**  Bus  Car      **DISMISSAL:**  Bus  Car  Extended Day

## Health Information

Check any of the following health condition(s) that your child may have. If your child has any of these conditions and requires rescue medication and/or an anaphylaxis or asthma action plan, please complete the additional required forms that can be found at <https://campusschool.carlow.edu/>

Asthma       Diabetes       Epilepsy       Allergies (Food/Drugs)

Other condition(s): \_\_\_\_\_

\_\_\_\_\_

List allergies to food/drugs: \_\_\_\_\_

\_\_\_\_\_

Please list ALL medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_