

PIERREPONT SCHOOL
One Sylvan Road North • Westport, CT 06880

EMERGENCY CONTACT INFORMATION

*To be completed by parent or guardian
Please print all information*

Student name: _____

Date of birth: _____

Address: _____

Parent name: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

Parent name: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ Email: _____

Fax (to fax homework): _____

Emergency contact (if parent cannot be reached)

Name: _____ Relationship to student: _____ Phone: _____

Pediatrician

Name: _____ Phone: _____

Dentist

Name: _____ Phone: _____

In case of emergency, list any medical conditions/allergies:

CHILD RELEASE AUTHORIZATION

Please list anyone other than his/her parent, whom you authorize to pick up your child from school. Your child will not be released to anyone who is not listed below without your permission.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Signature of parent or guardian

Date