



Emergency Contact Form

If a student is injured or for any other reason needs emergency attention, the following information is required:

Student Name _____ Date of Birth(**mm/dd/yyyy**) _____

If an emergency, illness, or injury should occur at school-related function, please give the names of persons to be contacted:

1. Name _____ Relationship to Child _____
 Mobile Phone _____ Work/Home Phone _____
2. Name _____ Relationship to Child _____
 Mobile Phone _____ Work/Home Phone _____
3. Name _____ Relationship to Child _____
 Mobile Phone _____ Work/Home Phone _____

If case a serious emergency, and emergency contacts cannot be reached, I authorize school authorities to take any steps necessary to administer medical treatments to my child(ren):

Yes No

If YES and child(ren) needs to be referred to a hospital, please choose one from the list below:

- MediClub Georgia
 Iashvili Central Children Hospital
 American Medical Centers (AMC)
 IMSS Clinic
 Other

Other Hospital _____ Physician/Phone Number _____

Does your child(ren) use the US Embassy Health Unit? Yes No

 Parent/guardian name

 Date (**mm/dd/yyyy**)