

CO MARATHI SHALA EMERGENCY FORM

Emergency Contacts must be Colorado Residents, preferably local to the Front Range

At least 1 emergency contact in addition to parents is required.

Student's Name (from Passport / Birth Certificate – use ALL CAPITALS)

PARENT/LEGAL GUARDIAN INFORMATION:

Parent/Legal Guardian Name

Relationship to Student (circle one) Mother Father Legal Guardian

Address

Phones Home Cell

EMERGENCY CONTACTS (not a parent). Please provide at least one:

Name

Relationship to Student

Address

Phones Home Cell

Name

Relationship to Student

Address

Phones Home Cell

DOCTOR'S INFORMATION

Doctor's Name

City

Phone

Is your student taking any medications at home or at his/her grade school? (circle one) Yes No

If your student needs to take medication at his/her grade school, one parent must also remain present with that medication to administer it to the student as necessary during Colorado Marathi Mandal's School hours.

Parent(s)/Guardian(s)/Legal Custodian(s) Name: _____

Signature _____ Date: ____/____/____

Parent(s)/Guardian(s)/Legal Custodian(s) Name: _____

Signature _____ Date: ____/____/____