
Student's Last Name

Guardian's Last Name

Lehi Literacy Center Emergency Contact Information Form

Occasionally a student may become ill or have an accident while at the center. This may necessitate contacting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your student in case of an emergency. Please notify the center of any changes regarding this information. This form does need to be filled out yearly (from the date that the center receives it).

Guardian Name: _____ Phone: _____

Guardian Name: _____ Phone: _____

Email: _____
(Providing an email address grants permission for the Lehi Literacy Center to contact via email)

Address: _____
(Please include City and Zip Code)

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please provide the name and number of an out of area (out of Utah County) person whom you want contacted in the case of a natural disaster:

Out of Area Contact Name: _____

Out of Area Contact Phone: _____

Signature of Guardian

Relationship to Student(s)

Date

| Student(s) Name(s) | Male / Female | Birth Date (00/00/00) | Grade | School | Health Issues |
|-----------------------|------------------|--------------------------|-------|--------|------------------|
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(01/09/13)