

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Guardian's Last Name

## *Lehi Rippy 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 needs 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: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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: \_\_\_\_\_

**MEDIA WAIVER: I understand that at Literacy Center activities, PARTICIPANTS MAY BE PHOTOGRAPHED. I agree to allow any photo, video or film likeness of me or of my minor children to be used for any legitimate purpose by the event holders, producer, sponsors, organizers, and or assigns. These may be posted at the Literacy Center or on our social media sites.**

☐ Yes ☐ No

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Relationship to Student(s)

\_\_\_\_\_  
Today's Date

Student(s) Name(s)	Male / Female	Birth Date (00/00/00)	Age	2019-20 Grade	School	Health Issues	Day	Time	Set

(06/13/19)

(office use only)