

ELEMENTARY SCHOOL



MIDDLE/HIGH SCHOOL

Chelsea Showers  
Elementary Principal  
chelsea.showers@cfsdwi.org

David Dude, Ph.D.  
Superintendent  
david.dude@cfsdwi.org

Debra Torrison  
Middle/High School Principal  
deb.torrison@cfsdwi.org

**Emergency Contact Information Form**

Please Print

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**EMERGENCY CONTACTS**

Please list the details of two people to be notified in the event of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Medical Information**

Pre-Existing Medical Condition/s or Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have voluntarily provided the above contact information and authorize you to contact any of the above on my behalf in the event of an emergency.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_