

**New Century School**  
1380 Energy Lane, Suite 108, St. Paul, MN 55108  
Phone: 651-478-4535 Fax: 651-305-0891

**Emergency Information  
2020-2021**

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Grade** (Sept. 1, 2018) \_\_\_\_\_  
(Month/Day/Year)

**WHO IS LEGALLY RESPONSIBLE FOR THIS CHILD?**

Parent/Guardian 1: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Home) (Cell) (Work)

Parent/Guardian 2: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Home) (Cell) (Work)

**In case your child becomes ill or hurt and neither parent can be contacted, please provide the school with the name/names of who should be contacted and their relationship to you.**

**Alternate Emergency Contact (Not Parent/Guardian):**

Emergency Contact Name: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Home) (Cell) (Work)

Relationship to the student: \_\_\_\_\_

**Alternate Emergency Contact (Not Parent/Guardian):**

Emergency Contact Name: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_  
(Home) (Cell) (Work)

Relationship to the student: \_\_\_\_\_

**Does your child have any known life threatening conditions?** \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Physician's and/or Clinic's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please indicate the hospital in which you would like your child to be taken to in case of an emergency.

\_\_\_\_\_

**If I cannot be reached during a medical emergency I hereby authorize the school to obtain emergency medical treatment for my child.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date