

**CLASSICAL CONVERSATIONS CHINO
PARENT EMERGENCY PROCEDURE FORM**

PLEASE PRINT

Parent Last Name First Name SCHOOL YEAR _____

Home Street Address City Zip Primary Phone

MEDICATION REQUIRED/MEDICAL CONDITIONS: _____

IN CASE OF ILLNESS OR ACCIDENT TO MYSELF, CONTACT:

Name / Relationship to Parent Work Phone Number Cell Phone

Name / Relationship to Parent Work Phone Number Cell Phone

**SHOULD ANYTHING HAPPEN TO ME DURING CC HOURS PLEASE RELEASE
CHILD(REN) TO:**

NAME – CHILD MAY BE RELEASED TO PHONE NUMBER CELL NUMBER

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