



EMERGENCY CONTACT FORM

Parents' or Guardian's Names: <input type="checkbox"/> Mr. and Mrs. <input type="checkbox"/> Dr. and Mrs. <input type="checkbox"/> Mr. and Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		Member Number:
Address:		
City:	State:	Zip:
E-mail Address:		
Home Phone #:	Mom's Work:	Dad's Work:
Alternate#:	Mom's Mobile #:	Dad's Mobile #:
Please list 3 people, other than the adults listed above, to call in case of an emergency if parent/guardian cannot be reached:		
1. Contact Name:	2. Contact Name:	3. Contact Name:
1. Phone #:	2. Phone #:	3. Phone #:
Name of Family Physician:		Name of Hospital:
Phone #:		Phone #:
<p>In addition to the parents/guardians named above, I hereby authorize The Houstonian Staff to allow my child(ren) to leave the premises ONLY with the following persons. Authorization for adults not listed below may be faxed to us at (713)685-7907. Authorized adults will be required to show a picture I.D.</p> <p style="text-align: center;">The following adults are authorized to pick up my children and take them off campus:</p>		
Name:	Name:	Name:
Phone:	Phone:	Phone: