

**Currier Museum Art Center  
EMERGENCY CONTACT FORM**

**Student's Name** \_\_\_\_\_ Grade Entering \_\_\_\_\_

(Full Legal Name)

Student's Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Is this an unpublished number? \_\_\_\_\_

Sex:     Female     Male                      Date of Birth \_\_\_\_\_

**Mother/Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Home No. \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work No. \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Father/Guardian's Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Home No. \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work No. \_\_\_\_\_

Father's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Child lives with:** \_\_\_\_\_ **Relationship to the child:** \_\_\_\_\_

Please check here if any Court Orders exist which relate to this student, and attach copies of all Orders, including legal guardianship orders, divorce or separation orders which address legal and physical custody, relevant visitation orders, and/or restraining orders. Please also attach copies of any petitions for guardianship or legal custody which have been filed with the Court. It is your responsibility to timely provide the Art Center with any subsequent Orders which are issued by any courts with regard to these matters.

**I (sign name),** \_\_\_\_\_ **authorize the Currier Museum Art Center to treat and/or call a doctor and/or take this child to a physician in case of an emergency – by ambulance if necessary.**

**Local Emergency Contact** (other than the parents):

1. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Please list any special needs: Allergies, ADHD, medical or behavioral issues for the student:

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