



DUNWOODY

Dunwoody High School

EMERGENCY CONTACT INFORMATION 2022-2023

Student's Name		
Birth Date	Grade	
Address		City
Zip	Apt #	Apt Complex

Father/Guardian	Phone (H)	(C)
	Phone (W)	
Mother/Guardian	Phone (H)	(C)
	Phone (W)	
Father's email address:		
Mother's email address:		

If parents cannot be reached, list two nearby persons who will assume care of your child/check out student.

Name Relationship Phone

Name Relationship Phone

Child's Healthcare Provider Phone

Is allowed to walk off campus upon receipt of parent email prior to student check-out.

Is allowed to drive off campus upon receipt of parent email prior to student check-out.

I give permission to contact my child's healthcare provider for further medical information. Yes ____ No ____

I also understand that in the event of an emergency, and I cannot be reached, that the school will have my child transported to the hospital via the EMS/911 service to receive appropriate treatment.

Parent Signature _____ Date _____