PIERREPONT SCHOOL

One Sylvan Road North • Westport, CT 06880

EMERGENCY CONTACT INFORMATION

To be completed by parent or guardian Please print all information

Student name:			
Address:			
Mobile phone:	Email:		
Parent name:			
Mobile phone:	Email:		
Fax (to fax homework):			
Emergency contact (if parent ca	nnot be reached)		
Name:	Relationship to student:	Phone:	
Pediatrician Name:		Phone:	
Dentist Name:		Phone:	
In case of emergency, list any med			
	CHILD RELEASE AUTHOR		
anyone who is not listed below wit		child from school. Your child will not be released to	
1.		Phone:	
2.		Phone:	
3.		Phone:	
4.		Phone:	
5		Phone:	
Signature of parent or guardi	an		
Signature or parent or guardi	wii	Juli	