

**MQH AFTERCARE EMERGENCY FORM**  
**2018-2019 School Year**

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mom's Name** \_\_\_\_\_

**Mom Work #** \_\_\_\_\_ **Mom Cell #** \_\_\_\_\_

**Dad's Name** \_\_\_\_\_

**Dad Work #** \_\_\_\_\_ **Dad Cell #** \_\_\_\_\_

**Email(s)** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Emergency Contacts/Pick-up Persons other than above**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship** \_\_\_\_\_