Speech & Debate Club
Student Emergency Information Sheet

Student Name:	
DOB:	__/__/_____
Grade:	
In the event of an **emergency**, I would like my child to do the following: ☐**Go home on his/her regular team transportation.** [Home Address] ☐**Go home using public transportation or rideshare.** [Home Address] [Public Transportation or Rideshare] ☐**I would like my child to stay under adult supervision until I can pick up my child.**	
Parent/Guardian Name (1st contact):	
Work #: Cell #:	
Home Address: Email Address:	
Parent/Guardian Name (2nd contact):	
Work #: Cell #:	

Home Address: Email Address:	
Emergency Contact Name: **must be different than parent and local**	
Work #: Cell #:	
Home Address: Email Address:	

By submitting this form, you give permission for any of the contacts listed to pick up your child in case of an emergency or illness. Should any of your emergency contact information change during the school year, please remember you need to inform your Speech & Debate coach as soon as possible.