

LYNCHBURG CITY SCHOOLS
SCHOOL VOLUNTEER EMERGENCY INFORMATION
SCHOOL YEAR ____ - ____

Name: _____ Date: _____

Address: _____ Phone: _____

School: _____ Child's Name: _____

In case of Emergency, notify:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Physician: _____ Phone: _____

Do you have allergies, special health needs?
