



<i>Debutante</i>	<input type="checkbox"/>
<i>Escort</i>	<input type="checkbox"/>
<i>Junior Debutante</i>	<input type="checkbox"/>

Emergency Contact Form

Participant Information

First/Last Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Contact Information

1. First/Last Name: _____

Cell Phone: _____ Home Phone: _____ Email: _____

2. First/Last Name: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Physician Information

1. First/Last Name: _____

Specialty (e.g., pediatrics): _____

Address: _____

Work Phone: _____

2. First/Last Name: _____

Specialty (e.g., pediatrics): _____

Address: _____

Work Phone: _____

Emergency Contact Form

Emergency Contact Information

You are authorized to contact the parents/guardians above and the following on my child's behalf:

1. First/Last Name: _____

Address: _____

Relationship to Child: _____

Work Phone: _____ Home Phone: _____ Cell: _____

1. First/Last Name: _____

Address: _____

Relationship to Child: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Other important contact information or instructions for The Twenty Pearls Foundation, Incorporated to know:

I grant permission for The Twenty Pearls Foundation, Incorporated to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child, identified above, during an emergency or disaster. I also grant permission for my child to be released to any of the emergency contacts I have designated if I am unable to pick them up in an emergency.

Printed Parent/Guardian Name: _____

Parent Signature: _____ Date: _____