

STARBASE-ATLANTIS
Emergency Contact Information

After you have completed and signed this form, return it to your child's teacher.

Student Information:

Name: _____

School Represented: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

EMERGENCY CONTACT INFORMATION:

I hereby acknowledge and assert that any and all emergency contact information and medical insurance information for my child/ward has been provided to officials from the above-named school, and I further hereby authorize the release of that information to agents and officials of the STARBASE-ATLANTIS program for their use, if an emergency should arise during my child/ward's participation in the program.

If we are unable to contact you (parent/guardian), who may we contact in the event of an emergency? _____

Telephone: _____

I authorize STARBASE-ATLANTIS and/or accompanying chaperon to obtain medical aid for the student in the case of an emergency, if it is deemed necessary.

Parent/Guardian Signature _____ Date _____

Signature is required. Unsigned statements will not be accepted, and the child will not be granted permission to participate in STARBASE-ATLANTIS.

If you have any questions regarding this document, please call or write the STARBASE-ATLANTIS staff at:

STARBASE-ATLANTIS
NAS Whiting Bldg 1464
7570 USS Enterprise Street
Milton, FL 32570
Telephone: 623-7516