



1335 Old Norcross Rd, Lawrenceville, GA 30046

Emergency Contact Information

Complete and Return – Form MUST be typed

Form must be signed by student and parent then submitted to PTSA

Student Name: _____

Student ID# _____

Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Allergies: _____

Medical Conditions: _____

In case of emergency, who should be contacted?

Name _____

Relationship to
Student _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Other Information: _____

Student Signature: _____

Parent Signature: _____

*Please bring your emergency contact form when making payment Feb 8, 2019, during lunch.
You may also email to the address below, if paying by PayPal via website.

Website: <http://www.discoveryhighptsa.weebly.com>

Email: discoveryhighptsa@yahoo.com

Like us on Facebook: www.facebook.com/DiscoveryHighPTSA