

EMERGENCY CONTACT FORM

***Must provide at least 4 contacts**

Student _____ Grade _____

Allergies/Medical
Conditions _____

Home Address _____

City, State, ZIP _____ Cell _____

Parent/Guardian Name _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Parent/Guardian Name _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Parent/Guardian Name _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Name _____ Relationship _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

I have voluntarily provided the above contact information and authorize these individuals to be contacted and to pick up my student should I not be available in the event of an emergency.

Parent/Guardian Signature

Date