

EMERGENCY CONTACTS

Including parents/guardians please list contacts in order of preference that you authorize to call if your child should become ill at school, or in case of an emergency. (Local contacts only).

1ST EMERGENCY CONTACT

Relation to Student: ___ Parent/Guardian ___ Step-Parent ___ Grandparent ___ Aunt/Uncle
 ___ Brother/Sister ___ Child Care Provider ___ Friend/Neighbor

Last Name: _____ First Name _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ ext. _____

2ND EMERGENCY CONTACT

Relation to Student: ___ Parent/Guardian ___ Step-Parent ___ Grandparent ___ Aunt/Uncle
 ___ Brother/Sister ___ Child Care Provider ___ Friend/Neighbor

Last Name: _____ First Name _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ ext. _____

3RD EMERGENCY CONTACT

Relation to Student: ___ Parent/Guardian ___ Step-Parent ___ Grandparent ___ Aunt/Uncle
 ___ Brother/Sister ___ Child Care Provider ___ Friend/Neighbor

Last Name: _____ First Name _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ ext. _____

4TH EMERGENCY CONTACT

Relation to Student: ___ Parent/Guardian ___ Step-Parent ___ Grandparent ___ Aunt/Uncle
 ___ Brother/Sister ___ Child Care Provider ___ Friend/Neighbor

Last Name: _____ First Name _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ ext. _____