



When injury or illness or other emergency situations occur involving your child, we want to be able to quickly reach family members, neighbors, and other responsible adults (age 18 or older). If we cannot reach a parent/guardian, please list individuals who are available to provide care for your child.

<b>EMERGENCY CONTACT INFORMATION</b>	<b>EMERGENCY CONTACT</b> Add      Delete		<b>EMERGENCY CONTACT</b> Add      Delete	
	_____	_____	_____	_____
	Last name	Home phone	Last name	Home phone
	_____	_____	_____	_____
First name	Cell phone	First name	Cell phone	
_____	_____	_____	_____	
Middle name	Work phone	Middle name	Work phone	
Relationship to student:		Relationship to student:		
	<b>EMERGENCY CONTACT</b> Add      Delete		<b>EMERGENCY CONTACT</b> Add      Delete	
	_____		_____	
	Last name		Last name	
	_____		_____	
	First name		First name	
	_____		_____	
	Middle name		Middle name	
	Relationship to student:		Relationship to student:	

**FOR OFFICE USE ONLY**

Date Received	Date Completed	Emergency Info Book Updated	Completed By
		Yes	

Please return this completed form to the Registrar.