EMERGENCY CONTACT INFORMATION

Student’s Name: __________________________________________

Please indicate the names of at least two individuals other than parent/guardian who may be contacted in the event of an emergency. These individuals will only be contacted when parent/guardian cannot be reached. Please be advised that these individuals will need to present identification in order to pick up your child.

1. Name: __________________________________________
   Telephone Number: __________________________________
   Relationship to Student: __________________________________
   Child may be released to this person (circle one) _____________

2. Name: __________________________________________
   Telephone Number: __________________________________
   Relationship to Student: __________________________________
   Child may be released to this person (circle one) _____________

3. Name: __________________________________________
   Telephone Number: __________________________________
   Relationship to Student: __________________________________
   Child may be released to this person (circle one) _____________

Office Use:

Student ID # __________________________