

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) yes no

2. Name: _____

Telephone Number: _____

Relationship to Student: _____

Child may be released to this person (circle one) yes no

3. Name: _____

Telephone Number: _____

Relationship to Student: _____

Child may be released to this person (circle one) yes no

Office Use:

Student ID # _____