

# EMERGENCY CONTACTS INFORMATION

2016-2017 School Year

Student's Name: \_\_\_\_\_

Student's Community and Guide: \_\_\_\_\_

Parent's Names and Contact Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The following persons may be contacted and my child released to in case of an emergency:

## Authorized for Pick-Up:

## Authorized for Emergency Contact:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home : \_\_\_\_\_  
Work : \_\_\_\_\_  
Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home : \_\_\_\_\_  
Work : \_\_\_\_\_  
Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home : \_\_\_\_\_  
Work : \_\_\_\_\_  
Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Address: \_\_\_\_\_  
\_\_\_\_\_  
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Work : \_\_\_\_\_  
Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Address: \_\_\_\_\_  
\_\_\_\_\_  
Home : \_\_\_\_\_  
Work : \_\_\_\_\_  
Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Signature(s) Parent/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_