



Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to sign and date this form

Family Name: _____ Home Phone _____

Mother _____ Father _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Student Names _____

E-mail address (most frequently checked) _____

Your Primary and Secondary Emergency Contact should be someone OTHER than the parents.

Primary Emergency Contact Name: _____

Last

First

Relationship _____

Home phone _____ Cell phone _____ Work phone _____

Secondary Emergency Contact Name _____

Last

First

Relationship _____

Home phone _____ Cell phone _____ Work Phone _____

Do you have insurance? Y N

Comments: (include any special medical or personal information you would want an emergency care provider to know)

Signature _____ Date _____