Emergency Contact Information Form

Updated: 7/14/25

**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 Cell Phone

Work 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