

# EMERGENCY CONTACT FORM

Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(No PO Boxes)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **In Case of an Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent or Legal Guardian:**  **Same as above**

Father/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

---

**This Information Is to Be Filed in the Student's Record and Used Only for Emergencies**