



## 2018-19 Emergency Contacts

Last Name	First Name	MI
Address		
City	State	Zip Code
Date of Birth	School	Gender

**Child Lives With:**

Name of Parent/Guardian	Name of Parent/Guardian	Other

**Contact Information:**

Parent/Guardian	Phone (H)	Phone (M)	e-mail
Parent/Guardian	Phone (H)	Phone (M)	e-mail

List below two (2) other adults who may be called in case of emergency.

1

Name	Relationship
Phone #1	Phone #2

2

Name	Relationship
Phone #1	Phone #2

**Child's Physician/Clinic**

Name	Phone
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 Signature of Parent or Guardian