



2019-20 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 |
|------|-------|

 Signature of Parent or Guardian