EMERGENCY CONTACT FORM

CONTACT INFORMATION

FULL NAME: _____
DATE OF BIRTH (MM/DD/YYYY): ____ / ____ / _____
PHONE NUMBER: _____
ADDRESS: _____
EMAIL: _____

PRIMARY EMERGENCY CONTACT

FULL NAME: _____
RELATIONSHIP TO STUDENT: _____
PHONE NUMBER: _____
EMAIL: _____

SECONDARY EMERGENCY CONTACT:

FULL NAME: _____
RELATIONSHIP TO STUDENT: _____
PHONE NUMBER: _____
EMAIL: _____

By signing below, I authorize the individuals listed on this form to be contacted and to make decisions on my behalf in the event of a medical or personal emergency.

Signature: _____