

STUDENT EMERGENCY CONTACT INFORMATION FORM

Which school do you attend? _____

Student Name:

Last	First	Middle
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Address: _____

Emergency Contact:

Relationship to Student:

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Relationship to Student:

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Known Allergies:

Please note that we expect students to stay away from foods that cause allergic reactions, to take any needed medications at home, and to let the program coordinator know if they have any problems.

People with parental/guardian permission to pick up student:

Name	Phone	Relationship
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Name	Phone	Relationship
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