

# **EMERGENCY CONTACTS**

Please note: Emergency Contacts are NOT parents.

1) Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_

Cell \_\_\_\_\_

2) Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phones: Home \_\_\_\_\_

Cell \_\_\_\_\_

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**In order to best serve your child(ren) in the classroom, we need to know of any medical conditions or special instructions, physical or psychological impairments (i.e., allergies, learning disabilities, etc.).**

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please use additional paper, if necessary.

(Revised: 07/26/2024)