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 _____

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: 08/02/2026)