



Student Emergency Contact Form 2021-2022

Please Submit One Form for Each Student

Student Name _____ Date of Birth _____

Home Address _____

Name and contact information of parent(s) or legal guardians

1. Name _____ Relationship to student _____

Email _____

Phone Number _____

Address (if different than student) _____

2. Name _____ Relationship to student _____

Email _____

Phone Number _____

Address (if different than student) _____

Does this student have any medical conditions or allergies? YES / NO - EXPLAIN:

Emergency Contact Person(s) other than parents or legal guardian

Comments: