

EMERGENCY CONTACTS

Other than Parent or Guardian

Primary Emergency Contact

Name: _____

Phone: _____ Work: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact

Name: _____

Phone: _____ Work: _____

Relationship to Child: _____

Address: _____

In the event that neither parent is available to pick up their child in an emergency situation the above persons will be contacted.