



## Emergency Contact Information

Please list individuals we may contact if a parent or guardian cannot be reached.

|                       |                                                          |
|-----------------------|----------------------------------------------------------|
| Emergency Contact #1  |                                                          |
| Name                  | _____                                                    |
| Relationship          | _____                                                    |
| Primary Phone         | _____                                                    |
| Alternate Phone       | _____                                                    |
| Authorized to Pick Up | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Contact #2  |                                                          |
| Name                  | _____                                                    |
| Relationship          | _____                                                    |
| Primary Phone         | _____                                                    |
| Alternate Phone       | _____                                                    |
| Authorized to Pick Up | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Contact #3  |                                                          |
| Name                  | _____                                                    |
| Relationship          | _____                                                    |
| Primary Phone         | _____                                                    |
| Alternate Phone       | _____                                                    |
| Authorized to Pick Up | <input type="checkbox"/> Yes <input type="checkbox"/> No |