



EMERGENCY CONTACT FORM

TO BE PLACED IN YOUR ROSTER BOOK FOR OFF-CAMPUS ACTIVITIES

STUDENT: _____ **BIRTHDAY:** _____

ADDRESS: _____

MOTHER: _____ **PHONE:** _____

PHONE 2: _____

FATHER: _____ **PHONE:** _____

PHONE 2: _____

EMERGENCY CONTACTS IF PARENTS ARE UNAVAILABLE:

NAME: _____ **PHONE:** _____

RELATIONSHIP TO CHILD: _____ **PHONE 2:** _____

NAME: _____ **PHONE:** _____

RELATIONSHIP TO CHILD: _____ **PHONE 2:** _____

NAME: _____ **PHONE:** _____

RELATIONSHIP TO CHILD: _____ **PHONE 2:** _____

MEDICAL CONTACTS

Physician: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Hospital: _____ **Phone:** _____

Insurance: _____ **Phone:** _____

Policy Number: _____

PARENT SIGNATURE: _____

DATE: _____