

Students Name: _____

Student Emergency Contact Form

DETAILS

Parent/ Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

EMERGENCY CONTACTS

Please list the details of two people to be contacted in the event of an emergency

Primary Emergency Contact

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship to student: _____

Secondary Emergency Contact

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relationship to student: _____

PREFERRED HOSPITAL

In the event of an emergency that requires transportation via ambulance, what is your preferred hospital?
