

# EMERGENCY CONTACT FORM

## TO BE FILLED OUT BY THE PARENT/GUARDIAN

(Please complete form using a blue or black pen. Please be kind: print clearly! Thanks.)

### Dear Parents or Guardians:

We would like to know where you can be reached while your child is away. Will you please list below your addresses and telephone numbers (home, business, vacation) for the time involved: from the time your child leaves home to the date of his/ her arrival home. If you plan to be on vacation anytime during this period and know at this time where you will be, please give us the address and phone number there, too. If you will be unable to be reached quickly at any time, be sure to give us the name & number (both home & business) of 2 responsible adults for the period you cannot be reached. We would also like to have the name, address and telephone number of your family physician. If this information should change at any time, please drop us a note to up- date the information. If your travel plans are not known when this form is completed, please send us a note detailing your whereabouts for your child's file. Thank you.

### FULL NAME(S) OF PARENT/ GUARDIAN

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

### 1. HOME ADDRESS/ TELEPHONE

Home Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_) Cell Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### 2. BUSINESS ADDRESS/ TELEPHONE

Work Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_) Cell Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### 3. IF WE CAN NOT BE REACHED, PLEASE CONTACT

Name #1: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Cell Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Work Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Name #2: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Cell Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Work Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

### 5. OUR FAMILY PHYSICIAN IS:

Name: \_\_\_\_\_

Work Phone: (\_\_\_\_)(\_\_\_\_-\_\_\_\_)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

APPLICANT'S NAME (Please print): \_\_\_\_\_