



Student Emergency Contact Form SY 2019-20

Student Name: _____ Home Phone: _____

Address: _____

Parent 1 Name: _____ Parent 1 Cell: _____ Work : _____

Parent 1 email: _____

Parent 2 Name: _____ Parent 2 Cell: _____ Work: _____

Parent 2 email: _____

First Emergency Contact (other than parent if any)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Second Emergency Contact (other than parent)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Third Emergency Contact (other than parent)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

I hereby grant permission for BelovED staff to secure emergency medical, psychiatric and/or other services should they be needed and the school staff is unable to contact me. I am aware that Parents/Guardians are responsible for the financial obligation for such emergency care and transportation from the hospital.

Signature of parent/guardian