

EMERGENCY CONTACT INFORMATION

Family Name _____
(Children's Last Name)

Children's Names _____

If school needs to be closed early, please:

() Send my child(ren) to T-Care.

() Call _____
(Contact Name)

Emergency Contacts (please list contacts in the order they are to be called and list at least two different contact names):

1st Contact # _____ Circle Type: Home / Work / Cell / Pager Contact Name _____

2nd Contact # _____ Circle Type: Home / Work / Cell / Pager Contact Name _____

3rd Contact # _____ Circle Type: Home / Work / Cell / Pager Contact Name _____

4th Contact # _____ Circle Type: Home / Work / Cell / Pager Contact Name _____

5th Contact # _____ Circle Type: Home / Work / Cell / Pager Contact Name _____

6th Contact # _____ Circle Type: Home / Work / Cell / Pager Contact Name _____

If there is a change in contact information, please give them to the school office as soon as possible.

6/26/2017

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