

# CIRCLE OF SEASONS STUDENT EMERGENCY CONTACT INFORMATION

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

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The below emergency contact(s) will be contacted if parents/guardians cannot be reached. The below contacts also have the parent's permission for student pickup in the absence of his/her parents/guardians. All individuals picking up children may be required to show photo identification.

### **1<sup>st</sup> Contact**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **2<sup>nd</sup> Contact**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **3<sup>rd</sup> Contact**

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

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date