

Emergency Contact Information

Family Information

Please list any additional siblings or relatives living in the home.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact Information

Please list in order who should be contacted in the case of an illness or emergency.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Out of State Emergency Contact Information

The Department of Social Services is requesting the following information be on file in our office in the event of a disaster.

Please give the school a phone number for an out of state/area relative or friend. The school can use this contact in the event of an emergency.

Child's name: _____

Parents Name: _____

Out-of-Area Contact: _____

(Please list relationship to child and phone number)

