



FAMILY EMERGENCY CONTACT
2010-2011

2810 N.E. 259th Street, Ridgefield, WA 98642 360 887-4019 Fax 360 887-0717

Parent's Name: _____

<i>Student</i>		
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____

Primary Household	Home Phone	Work Place Name/Phone#	Cell Phone
Parent/Guardian: Address:			
Parent/Guardian: Address:			
Secondary Household	Home Phone	Work Place Name/Phone#	Cell Phone
Parent/Guardian: Address:			
Parent/Guardian: Address:			

<i>Health Concerns</i>
Student: _____ Concerns _____
Medication _____
Student: _____ Concerns _____
Medication _____
DO NOT release my child(ren) to: _____

<i>Emergency</i> (please prioritize and list three) (after parent or guardian)
Contact 1 _____ Phone _____ Relationship _____
Contact 2 _____ Phone _____ Relationship _____
Contact 3 _____ Phone _____ Relationship _____

Parent/Guardian Signature _____ Date _____