

# Bennett's Place Emergency Contact Sheet

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

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone # (work) \_\_\_\_\_ (cell) \_\_\_\_\_

The following people are authorized to pick up my child in the event of an emergency if I cannot be contacted. I understand it is my responsibility to keep this information current.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

1) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

2) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

3) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Relationship to Child \_\_\_\_\_