

# East Penn School District

Emergency Contact Information

School Year: 2019/2020

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Name of student:

Last: \_\_\_\_\_

Gender: M F

First: \_\_\_\_\_

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

Middle: \_\_\_\_\_

Building: \_\_\_\_\_

Grade: \_\_\_\_\_

Emergency Contact(s):

1st Contact

2nd Contact

3rd Contact

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

(Please Print)

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

\_\_\_\_\_  
Date