



(413) 695-1799 | scdtnoho.com

EMERGENCY CONTACT FORM

Student Name _____ *DOB* _____
Last First

Address _____
Street City, State Zip Code

Phone _____ *Email* _____

If Participant is under 18:

PARENT/GUARDIAN INFORMATION:

Name _____ *Relationship* _____

Address _____
Street City, State Zip Code

Phone _____
Home Cell Work

Email _____

EMERGENCY CONTACT:

(If different from above)

Name _____ *Relationship* _____

Address _____
Street City, State Zip Code

Phone _____
Home Cell Work

Email _____

In case of an emergency, the school will attempt to contact Parent(s)/Guardian(s)/Emergency Contact. If necessary, your child will be transported by ambulance to an emergency care facility.

In the event of an emergency, I give permission to the hospital or physician to provide emergency care to me/my child.

Signature of Participant/Parent/Guardian Date