

# Appendix I Emergency Contact Form



## Diocese of Trenton EMERGENCY CONTACT FORM

*Please print or type all information below. Thank you.*

Student's Name: \_\_\_\_\_  
*Last First Middle*

Parent/Guardian's Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Town State Zip*

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

**Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):**

A. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Are there any health conditions of which we should be aware? If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_