

New Bloomfield RIII School District

Student's Name _____

EMERGENCY CONTACTS - Other Than Parents - Please list one name per line. Please provide contact information for three individuals to whom the student may be released from school and who can make emergency decisions if a situation arises and the parents/legal guardians cannot be reached. List these contacts in the order that you would like them contacted.

1. Name: _____

Relationship to student(s) _____

Work Phone _____ Cell Phone _____ Other Phone _____

2. Name: _____

Relationship to student(s) _____

Work Phone _____ Cell Phone _____ Other Phone _____

3. Name: _____

Relationship to student(s) _____

Work Phone _____ Cell Phone _____ Other Phone _____

Parent Signature _____ **Date** _____

The typed name in the above box will serve as your "signature" for this document.