



PARENT CONTACTS & EMERGENCY CONTACTS

Trip Name: _____ Trip start date: _____

Student Name:

PARENT / GUARDIAN CONTACT #1

Full Name: _____ Relationship to student: _____

Address: _____

Does the student live here? YES / NO

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Skype: _____

Employer (optional): _____ Occupation/ Position: _____

PARENT / GUARDIAN CONTACT #2

Full Name: _____ Relationship to student: _____

Address: _____

Does the student live here? YES / NO

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Skype: _____

Employer (optional): _____ Occupation/ Position: _____

EMERGENCY CONTACTS:

In the unlikely event of an emergency, who should we contact with information about your child? Please list three contacts (including parents/guardians).

Name

Relationship to child

Home & cell #

1.

2.

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3.

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