



**West Essex Regional School District
Guidance Department**

Emergency Contact Form

☆**Student Information**

Name: _____ Date of Birth: _____

Address: _____

☆**Parent/Guardian Information**

Mother: _____ Home Phone: _____ Cell: _____ Work: _____

Father: _____ Home Phone: _____ Cell: _____ Work: _____

List 2 people who will assume temporary care of your Child(ren) if you cannot be reached:

1. Name: _____

Relationship: _____ Home Phone: _____ Cell/Work: _____

2. Name: _____

Relationship: _____ Home Phone: _____ Cell/Work: _____

In case of an Emergency, I hereby authorize the school to call the physician or dentist indicated below to follow his/her instructions:

Physician: _____ Office Phone Number: _____

Dentist: _____ Office Phone Number: _____

☆**Signature of Parent/Guardian:** _____ Date: _____