

**FSMN Student Emergency Contact Form 2021-2022**

Please fill out and return by **AUGUST 20, 2021**

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parent(s)/Guardian(s) to contact in case of emergency (fill out as needed)**

**Parent/Guardian** \_\_\_\_\_

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

(Work) \_\_\_\_\_ Email \_\_\_\_\_

**Emergency and Approved Pick-Up Contacts (Grandparents, relatives, friends)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_