Emergency Contact

(Note: your emergency contact should live within 25 miles of the school your child attends class at. If your child requires an inhaler or special medication, and it is difficult for you to make yourself available, your emergency contact is the person you will leave these items with).

Emergency Contact #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Emergency Contact #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____

Emergency Contact #3

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____

*Kids Zone staff will always try to contact a parent first. In the case that contact cannot be made staff will contact the emergency contact.