

RHS EMERGENCY CONTACTS

Please Print All Information Clearly

DATE: _____

STUDENTS NAME: _____

BIRTH DATE: _____

GRADE: _____

EMERGENCY CONTACTS

| | <u>NAME</u> | <u>RELATIONSHIP</u> | <u>TELEPHONE #</u> |
|------------|-------------|---------------------|--------------------|
| ADD/DELETE | _____ | _____ | _____ |
| ADD/DELETE | _____ | _____ | _____ |
| ADD/DELETE | _____ | _____ | _____ |
| ADD/DELETE | _____ | _____ | _____ |
| ADD/DELETE | _____ | _____ | _____ |

PARENT/GUARDIAN SIGNATURE

(If not returning in person, please provide a copy of a Photo ID)