



# Emergency Contact Form

If an emergency occurs during school hours or activities, JCPC staff will attempt to notify a designated emergency contact for a student. Because one individual may not be available, we ask that you provide a list of emergency contacts, including parents/guardians and other parties. Depending on circumstances, the emergency contact may be required to pick the child up at JCPC or at an emergency medical facility.

- **Any individual picking up a child should bring photo identification.**
- Emergency contacts should typically be within 30 miles of JCPC during school hours.
- We will not release a child to anyone under the age of 18; all individuals under the age of 20 should bring proof of age.
- By listing someone on this form, you grant JCPC permission to release your child(ren) to that party.
- Please communicate with your designated emergency contacts so that they are aware that they are listed on this form and are prepared to act in the event that JCPC does contact them.

**Name of Student(s):** \_\_\_\_\_

List all parties who are authorized to act as emergency contacts, in the order in which they should be contacted. **INCLUDE YOURSELF, YOUR SPOUSE OR OTHER GUARDIANS, IF APPLICABLE. WE ASK THAT YOU ALSO LIST AT LEAST TWO PARTIES OTHER THAN YOU, YOUR SPOUSE OR OTHER GUARDIANS.** In the event of emergency, JCPC will start at the top of the list and work down until we make contact.

## Contact First

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Other: \_\_\_\_\_

## Contact Second

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Other: \_\_\_\_\_

## Contact Third

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Other: \_\_\_\_\_

**Contact Fourth**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Other: \_\_\_\_\_

**Contact Fifth**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Other: \_\_\_\_\_

**Contact Sixth**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Other: \_\_\_\_\_

I, the undersigned, name the above as contacts in the event of an emergency. I understand the conditions stated above and I grant JCPC staff the permission to release the named student(s) to all parties listed below. I have communicated all conditions to the parties listed below.

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

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