

# EMERGENCY CONTACT FORM



Child's Name: \_\_\_\_\_

We will always make every effort to reach a child's parent first, but in the event that we are unable to get a hold of you, please share your emergency contacts. DCFS requires that you provide at least two local contacts other than a child's parent.

## Emergency Contact #1 (PLEASE LIST SOMEONE OTHER THAN CHILD'S PARENT)

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

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Emergency Contact #2 (PLEASE LIST SOMEONE OTHER THAN CHILD'S PARENT)

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

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Emergency Contact #3 (PLEASE LIST SOMEONE OTHER THAN CHILD'S PARENT)

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

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_