

# CORNWALL CENTRAL SCHOOL DISTRICT

## Emergency Contact Form

Emergency Contacts: A local adult who has agreed to care for your child in an emergency when parents cannot be reached. In an emergency situation, UPK administration will take any action it deems necessary and appropriate, including taking your child to the hospital.

Contact #1 \_\_\_\_\_  
Name (First and Last) Relationship to Child City/State (must be local)  
\_\_\_\_\_  
Primary Home/Cell Phone # Work Phone #

Contact #2 \_\_\_\_\_  
Name (First and Last) Relationship to Child City/State (must be local)  
\_\_\_\_\_  
Primary Home/Cell Phone # Work Phone #

\_\_\_\_\_  
**Signature of Parent, Guardian** Relationship to Child Date