

**Appendix B**  
**Emergency Contact Form**

### Travel Training Emergency Contact Information

This form will be completed by parents/guardians. The *Designated School Personnel* will teach the student when to use the information and how to safeguard its contents. The student will keep a copy of this in his/her possession at all times. The school encourages families to write a "Family Plan" that their children will follow when an unexpected travel situation occurs. (See Appendix C).

#### Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_ Email: \_\_\_\_\_

#### Parent/Guardian Information (Primary Contact):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_ Email: \_\_\_\_\_

Work Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

#### Secondary Contact Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_ Email: \_\_\_\_\_

Work Telephone \_\_\_\_\_ Fax: \_\_\_\_\_