Lackawanna Trail Junior-Senior High School Date:							
Emergency Contact Information Form							
Student Last Name	Fir Na	rst ime		Grade			
Date of Birth	Cit Bir	ty of rth		Bus Number			
Address				Student Lives With:			
Primary contact telephone			Student Cell Phone Number				
Where can the parents/guardians be reached if not at home?							
Primary Contact Name		Primary Phone		Other Phone			
Relationship to Student			Primary Contact Birthdate				
Email address		st have an email add School Fusion system		ccess the MMS			
Second Contact Name		Primary Phone		Other Phone			
Relationship to Stu	dent						
List two neighbors or relatives who can be reached if parents/guardians cannot be reached							

List two neignbors or relatives t	who can be reached if parents/guardians can	not be reached
(1) Name	Primary Phone	Other Phone
Address		Relationship to student
(2) Name	Primary Phone	Other Phone
Address		Relationship to student
	Health Related Information	
Physician	Physician Phone	
Dueferred		·

In the event of an emergency and the parent/guardian cannot be reached, the school will respond by contacting the following emergency contact person. (Emergency contact person must have a way to transport your student home in case of illness/emergency.)

Hospital

Medical Concerns or Problems

NOTES:	