

# Fair Haven Day School-Emergency Contacts

(To be completed by legal guardian)

\*Please Note: This form is intended to serve as a contact list in the event of an emergency or disaster. This list is not meant to be a list of everyone who is authorized to pick up your child; therefore, you do not need to provide neighbors' names, carpool lists, etc. (unless these people are your EMERGENCY contacts as well)

Student's Full Name	
Date of Birth	
Known Allergies	

Please list contacts in **call order**

	Name	Phone 1	Phone 2 (optional)	Address, City, State	Relation to Student
Primary					
Second					
Third (optional)					
Fourth (optional)					
Contact <b>OUT OF AREA</b>					