

The Bridge of Hope Academy

Emergency Contact Form

Student's Name: _____

Student's Date of Birth: ____/____/____

Legal Guardian Name: _____

Emergency Contact #1: _____
(Name of emergency contact) (Phone number)

Emergency Contact #2: _____
(Name of emergency contact) (Phone number)

Emergency Contact #3: _____
(Name of emergency contact) (Phone number)

Parent/Guardian Signature

____/____/____
Date