

School Emergency Contact List

Student: _____

Homeroom teacher or counselor: _____

CONTACT NAME	ADDRESS	TELEPHONE
Parent / Guardian (circle one):		Home: Work: Cell:
Comments:		
Hemophilia Treatment Center (HTC): Contact name:		
Comments:		
Student's Physician:		
Comments:		
Other contact: Relationship to student:		
Comments:		

Parents/Guardians: Emergency Contact List

Student: _____
 School Name: _____
 School Address: _____
 School Phone: _____

CONTACT NAME	TELEPHONE	COMMENTS
Principal:		
School office contact:		
School nurse:		
Teacher(s):		
PE Teacher/Coach:		
School Counselor:		
Other:		
Other:		