Marblehead/Salem School of Music
EMERGENCY CONTACT INFORMATION

PRINCIPAL PURPOSE(S) for which information is intended to be used: (1) Person(s) to be notified in case of emergency (2) Provides several means of contacting guardians during an emergency.

DISCLOSURE of the information is **voluntary**, but failure to provide this information may result in the school's inability to notify the guardian in a timely manner.

Student Information as of _____Date

Student Name: _____

Home Address: _____
Street Address City State Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail (Home): _____ E-mail (Work): _____

Emergency Contacts

Primary person to be notified in case of an emergency:

Name**:** _____

Relationship: Relative _____ Friend _____ Other _____

Home Address: _____
Street Address City State Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Secondary person to be notified in case of emergency:

Name**:** _____

Relationship: Relative _____ Friend _____ Other _____

Home Address: _____
Street Address City State Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Medical Information

List allergies and other conditions the school should be aware of: