



5 Minute Emergency Contact for AFTER SCHOOL

Site: _____

Start Date: _____

End Date: _____

I _____ agree to be available as the emergency contact at the above location.
(name)

I am in the school building during AFTER SCHOOL program hours, or can be in the building within 5 minutes, if necessary. I agree that in case of an emergency I can be called upon for assistance.



Signature

Address

Phone

White: Site Copy Yellow: Emergency Contact Copy Pink: Program Director Copy



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