

5 Minute Emergency Contact

Site: _____

Start Date: _____

End Date: _____

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

I am in the building during 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

SC - 5 Minute Emergency Contact.indd



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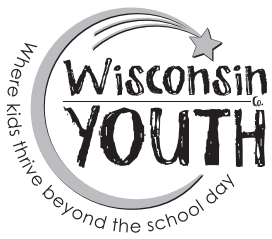
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