

**Phillips Exeter Academy  
SUMMER SCHOOL 2015  
Parent Emergency Contact Form**

**Name of Student:** \_\_\_\_\_ **ID#** \_\_\_\_\_  
(PLEASE PRINT) Last First Middle

The information provided on this form will be used for emergency purposes only. Should any information change, please notify the Summer School Office promptly.

**EMERGENCY CONTACT #1**

**Contact Name:** \_\_\_\_\_

**Relationship to Student:** *(check one)*  Mother  Father  Guardian  Other: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**EMERGENCY CONTACT #2**

**Contact Name:** \_\_\_\_\_

**Relationship to Student:** *(check one)*  Mother  Father  Guardian  Other: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian)

**(Please note: original signatures are required/electronic signatures are not acceptable.)**