

Phillips Exeter Academy
SUMMER SCHOOL 2014
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.)