

## EMERGENCY CONTACT FORM

Student name: \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I have read the class policies and discussed them with the student (please check)

I have read and signed the laboratory safety contract (please check)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_