

CANTON CITY PUBLIC HEALTH



Public Health
Prevent. Promote. Protect.

Canton City Public Health

Student Emergency Contact Form

(Please print neatly)

Date _____

Student Name _____

Student Home Address _____

Home Phone Number _____ Cell Number _____

Student Emergency Contact Information

Contact Person _____

Relationship to Student _____

Home Address _____

Primary Telephone Number _____

Secondary Telephone Number _____

Sponsoring Institution Contact Information

Sponsoring Institution _____

Contact Person _____ Telephone Number _____