

# Emergency Contact Information Request

Dear Parents/Guardians,

As part of our commitment to ensuring the safety and well-being of our students, we request that you provide us with up-to-date emergency contact information. This information will be used in case of emergencies or urgent situations involving your child.

## Please fill out the information below:

Student Name:

Parent/Guardian Name:

Primary Contact Number:

Secondary Contact Number:

Emergency Contact Name:

Emergency Contact Number:

We appreciate your cooperation in this important matter. Please return this form to the school office by **[insert due date]**.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Title]  
[School Name]