

Emergency Contact List for School Functions

Dear Parents and Guardians,

As part of our commitment to the safety and well-being of our students during school functions, we are requesting an updated emergency contact list. Please provide the following information:

Student Information

- **Student Name:** _____
- **Grade/Class:** _____

Emergency Contacts

1. **Name:** _____
Relationship to Student: _____
Phone Number: _____
2. **Name:** _____
Relationship to Student: _____
Phone Number: _____
3. **Name:** _____
Relationship to Student: _____
Phone Number: _____

Please return this form to the school office by **[insert due date]**. Thank you for your cooperation in ensuring the safety of our students.

Sincerely,

[Your Name]
[Your Position]
[School Name]