

# Emergency Contact Information for School Transportation

Date: \_\_\_\_\_

Dear Parent/Guardian,

Please fill out the following emergency contact information for your child's school transportation. This will ensure the safety and well-being of your child during transit.

## Student Information

Name of Student: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

## Primary Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## Secondary Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## Emergency Instructions

Please outline any specific instructions in case of an emergency:

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Thank you for your cooperation.

Sincerely,

School Transportation Coordinator