

**SAINT CECILIA SCHOOL**

**2025-2026**

**EMERGENCY CONTACT INFORMATION AND PARENTAL CONSENT FORM**

We ask you to provide Emergency Contact Information if parents or guardians cannot or do not answer phone calls. Thank you!

**Family Name:** \_\_\_\_\_

**Emergency Contact Person #1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

In case of an emergency, may your child be released to this person? \_\_\_\_\_

**Emergency Contact Person #2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

In case of an emergency, may your child be released to this person? \_\_\_\_\_

(\*Non-family members may be an emergency contact if it is a babysitter, a trusted neighbor, a co-worker, etc.)

Thank you!

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