



# INDIANA GENERAL ASSEMBLY PAGE PROGRAM EMERGENCY CONTACT FORM



## *Page Information*

Page Name: \_\_\_\_\_ Age and Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Paging Date: \_\_\_\_\_

## *Parent/Legal Guardian Information*

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## *Secondary Contact*

*We will only contact this person if we are unable to reach the parent or legal guardian*

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

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

