



Sublette

BOCES

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Emergency Contact/ Pick-up Form

Child: _____

Primary Parent/ Guardian Information:

Name: _____

Phone where he/she can best be reached: _____

Secondary Parent/ Guardian Information:

Name: _____

Phone where he/she can best be reached: _____

Name(s) of Emergency Contact(s):

1. _____

Phone where he/she can best be reached: _____

2. _____

Phone where he/she can best be reached: _____

3. _____

Phone where he/she can best be reached: _____

4. _____

Phone where he/she can best be reached: _____