

Prospect Hill Farm Connection LLC

## Student Emergency Contact Information

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthday: \_\_\_\_\_ Allergies: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Provide emergency contacts that will be able to be reached (in a good service area) during the time of your child's Farm Connection Class.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional Information that you wish to provide, in case of an emergency

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