

Emergency Contacts 2025-2026

Student's Name _____

Please list two adults (**other than parent/guardian(s)**) to whom you would assume responsibility for your child in an emergency.

Relationship to student:	Name (first, middle, last):		
Home Address:		Home phone #:	
City:	State:	Zip:	Cell phone #:
Name of company employed by/own:	Position:		Work phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:		Home phone #:	
City:	State:	Zip:	Cell phone #:
Name of company employed by/own:	Position:		Work phone #:

Please list any adults in addition to parents/custodians and emergency contacts who are allowed to pick your child up from school.

Relationship to student:	Name (first, middle, last):		
Home Address:		Home phone #:	
City:	State:	Zip:	Cell phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:		Home phone #:	
City:	State:	Zip:	Cell phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:		Home phone #:	
City:	State:	Zip:	Cell phone #:

Relationship to student:	Name (first, middle, last):		
Home Address:		Home phone #:	
City:	State:	Zip:	Cell phone #:

I agree to keep FBC Warren Christian School informed of changes in any information that someone may be reached. I understand that these forms are available in the office and through the classroom teacher.

SIGNATURE _____

Parent or Legal Guardian

DATE _____