



## Emergency Contact Form

**All Fields are required:**

**Your Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Your Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Your Alternate Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

- By checking this box, I give permission for this form to be shared with my school or department administrator and/or Secretary for the purpose of contacting your emergency contacts in case of an emergency on your behalf.

**Note: It is your responsibility to update this information with Aspen View if any of the information changes.**

\_\_\_\_\_  
Signature