



GLENCOE CARES Emergency Contact Form



Name: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Emergency Contact #1

Name: _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Does this person have a key to your home? Yes No

Emergency Contact #2

Name: _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Does this person have a key to your home? Yes No

Emergency Contact #3

Name: _____

Relationship: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Does this person have a key to your home? Yes No

See reverse for more questions →

