

Emergency Contact Information

Student Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Daytime Phone Number(s): (____) ____ - ____ (____) ____ - ____

Evening Phone Number(s): (____) ____ - ____ (____) ____ - ____

Person(s) to be contacted in case of emergency:

Name: _____

Relationship: _____

Address: _____

Day Phone: (____) ____ - ____

Evening Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Name: _____

Relationship: _____

Address: _____

Day Phone: (____) ____ - ____

Evening Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Name: _____

Relationship: _____

Address: _____

Day Phone: (____) ____ - ____

Evening Phone: (____) ____ - ____

Cell Phone: (____) ____ - ____

Please turn in the consent and emergency contact forms at the first Math Circle Meeting you attend.