



# Schenectady County Community College

## Emergency Contact Form

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

Gender: M / F                      Date of Birth: \_\_\_\_\_

1. Parent/Guardian's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Parent/Guardian's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Allergies/Medical Conditions to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you need to contact your child for any reason, please contact the School of Music Office at 518-381-1231, ext 2.

Thank you!!

\_\_\_\_\_  
Parental/Guardian Signature

\_\_\_\_\_  
Date