

***COLD SPRING HARBOR CSD***  
***75 Goose Hill Rd***  
***Cold Spring Harbor, NY 11724***

**STUDENT NAME:** \_\_\_\_\_

**EMERGENCY CONTACTS**  
**(OTHER THAN PARENTS)**

**(1) Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

	<u>Phone</u>	<u>Priority</u>
<b>Home:</b>	_____	<b>(1) (2) (3)</b>
<b>Cell:</b>	_____	<b>(1) (2) (3)</b>
<b>Work:</b>	_____	<b>(1) (2) (3)</b>
<b>E-Mail</b>	_____	

**(2) Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

	<u>Phone</u>	<u>Priority</u>
<b>Home:</b>	_____	<b>(1) (2) (3)</b>
<b>Cell:</b>	_____	<b>(1) (2) (3)</b>
<b>Work:</b>	_____	<b>(1) (2) (3)</b>
<b>E-Mail</b>	_____	

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_