

**ORLEANS/NIAGARA BOCES  
Continuing Education Division**

**EMERGENCY CONTACT FORM**

**The Continuing Education Office would like to have on file, an emergency contact for each literacy student. We require the following information:**

**PLEASE PRINT CLEARLY**

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

**CLASS:** \_\_\_\_\_

*Person to contact in case of an emergency:*

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

**PHONE/CELL:** \_\_\_\_\_

*Alternate Person:*

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

**PHONE/CELL:** \_\_\_\_\_

*Student files are considered confidential.*



**I give permission for a copy of this form to be given to my instructor.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Original – Student

Copy – Student File