



**Brightmont**  
The Montessori Academy

**Emergency Contact Form**

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

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

**EMERGENCY CONTACTS**

There must be at least **one** emergency contact other than parents/legal guardians, per Department of Family Protective Services.

#1  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

#2  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

#3  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

#4  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

*Parents Signature* \_\_\_\_\_



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#1  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

#2  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

#3  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

#4  
Name: \_\_\_\_\_  
Relation to student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt: \_\_\_\_\_  
Email: \_\_\_\_\_

*Parents Signature* \_\_\_\_\_