

Emergency Contact Form

for LHHS Choral Music & Ukulele Students

STUDENT(S) NAME _____

PARENT/GUARDIAN NAME(S) _____

MAIN PHONE (____) _____ - _____

SECONDARY PHONE (____) _____ - _____

In the event of an emergency involving your child during a choir or ukulele activity, please indicate a secondary contact person.

NAME _____

RELATIONSHIP TO STUDENT _____ PHONE (____) _____ - _____

IMPORTANT MEDICAL/HEALTH INFORMATION ABOUT YOUR STUDENT:

We wish to keep your students safe by planning ahead for any possible difficult circumstances. Thank you for sharing this information with us.

Thank you!

Mr. David V. Montoya

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