School Name:

Field Trip Destination:

Emergency Contact List Template

Teacher in Charge Name						
	‡					
Teacher in Charge Emai	l:					
Authorization for Collection of Per Personal information is collected und questions about the collection, use of 403-527-2292.		ormation and Protection of Privacy Act for the perintendent, Medicine Hat Catholic Board o	e purpose of completing t f Education, 1251 – 1 st A\	he off-site activity mentioned above. If you have venue S.W., Medicine Hat, AB T1A 8B4		
Student Name and Cell Phone Number	Parent/Guardian Name(s) and Phone Number(s)	Parent/Guardian Email Address(es)	Is the Parent(s) on the trip? Yes / No	Emergency Contact Name and Phone Number (other than parent)		

Student Name and Cell Phone Number	Parent/Guardian Name(s) and Phone Number(s)	Parent/Guardian Email Address(es)	Is the Parent(s) on the trip? Yes / No	Emergency Contact Name and Phone Number (other than parent)

Student Name and Cell Phone Number	Parent/Guardian Name(s) and Phone Number(s)	Parent/Guardian Email Address(es)	Is the Parent(s) on the trip? Yes / No	Emergency Contact Name and Phone Number (other than parent)