

Pentucket Middle School  
Community Service Program

**Emergency Contact Information**

Student Name \_\_\_\_\_

Placement \_\_\_\_\_

Day of Service \_\_\_\_\_ Week A or B (circle)

**Name of Parent/Guardian to call in case of emergency:**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If we are unable to reach a parent or guardian, please list two alternate contacts:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

I understand this information will be shared with the placement where my child is volunteering and the parent volunteer overseeing my child's team for the purpose of my child's welfare only.

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Signature of Parent/Guardian

Date