

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.

Signature of Parent/Guardian

Date