



Rutland City Public Schools

EMERGENCY CONTACT FORM

In case of an emergency, I, _____, give the Rutland City School District Officials permission to call:

1. Name: _____

Relationship: _____

Phone: _____

Phone: _____

2. Name: _____

Relationship: _____

Phone: _____

Phone: _____

3. Name: _____

Relationship: _____

Phone: _____

Phone: _____

Signature: _____ Date: _____