CLIENT NAME: DATE RECEIVED:



Part of the Leg Up Farm Family

## **EMERGENCY CONTACTS**

In the event of an unexpected program closing or other emergency, it is important for us to have an up-to-date list of emergency contacts for each participant. Please designate at least one Primary and one Secondary Emergency contact, and as many additional contacts as you like.

<b>Primary Emerg</b>	gency Contact:
Phone:	
Email:	
(*In an emergen	<b>od of Contact</b> : Call Text Email cy, you will be called directly, but please designate how you would prefer to ion regarding snow closings or other updates)
Secondary Eme	ergency Contact:
Check one:	Should be contacted in any emergency, in addition to the Primary Contact
	Should only be contacted if the Primary Contact is unreachable
Phone:	
Email:	
Preferred Meth	od of Contact: Call Calt Email
Additional Eme	ergency Contact (if applicable):
(will be contacte	d in the event the Primary and Secondary Contacts are unable to be reached)
Phone:	
	od of Contact: Call Call Text Email
Additional Eme	ergency Contact (if applicable):
Phone:	
Email:	
	od of Contact: Call Call Text Email

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