

Host Family Emergency Contact Form 2016-2017

To be completed by the host parent(s) of a boarding/exchange student

Student Information

Student's Name: _____ Grade: _____

Date of Birth: _____

Host Family Information

Host Parent #1 Name: _____

Host Parent Street Address: _____

City: _____ State: _____ Postal / Zip Code: _____

Host Parent #1 Home Phone: _____ Cell Phone: _____

Host Parent #1 Email: _____

Host Parent #1 Place of Work: _____ Work Phone: _____

Host Parent #2 Name: _____ Cell Phone: _____

Host Parent #2 Email: _____

Host Parent #2 Place of Work: _____ Work Phone: _____

Additional Emergency Contacts

In the event of an emergency, if it is necessary to contact the boarding student's host parents, we will contact the host parents using the provided information. However, if we are unable to reach the host parents, it is necessary to have alternates. List two local people to contact if the host family cannot be reached.

Local Emergency Contact #1 Name: _____

Home Phone: _____ Cell Phone: _____

Relationship with Host: _____

Local Emergency Contact #2 Name: _____

Home Phone: _____ Cell Phone: _____

Relationship with Host: _____