



## Teacher Candidate Emergency Contact Information

In case of an emergency in which the teacher candidate requires special and/or medical attention, the teacher candidate would like the following person(s) to be contacted immediately in the following order:

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FIRST AND LAST NAME

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PHONE

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RELATIONSHIP

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FIRST AND LAST NAME

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PHONE

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RELATIONSHIP

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FIRST AND LAST NAME

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PHONE

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RELATIONSHIP

**Additional Comments/Directions:**

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Teacher Candidate Signature

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Printed Name

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EMPLID

---

Cooperating Teacher

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School Site

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Date