



**LAUNCH Program
Emergency Contact Information**

LAUNCH Participant Name (First Last): _____

Please provide at least one (1) contact that can be contacted in case of emergency.

Primary Contact

Name (First Last): _____

Phone: _____

Email: _____

Relationship to Child: _____

Secondary Contact

Name (First Last): _____

Phone: _____

Email: _____

Relationship to Child: _____

Alternate Contact

Name (First Last): _____

Phone: _____

Email: _____

Relationship to Child: _____