



Clarksville-Montgomery County School System
HEALTH SERVICES
INVALID EMERGENCY PHONE NUMBERS

Student Name: _____ Teacher: _____

Dear Parent/Guardian:

We attempted to reach you today regarding your child. The emergency numbers that we have on record were not working or there was no answer. It is imperative that we have a number where you can be reached in the event of your child's illness or emergency. If possible, please include someone not in your home that would be available and willing to pick your child up in the event that we cannot reach you. Please make sure that this person is aware they are listed on your child's emergency card and are able to pick up your student within an hour if necessary. We need to have your child's emergency card updated as soon as possible.

Thank you for your immediate attention.

School Nurse: _____ Date: _____

1st _____ 2nd _____ 3rd _____ notice