



BOX ELDER SCHOOL DISTRICT

Dr. Ronald Tolman, Superintendent

BOARD OF EDUCATION
Connie Archibald
Lynn Capener
Karen Cronin
James Fuller
Nancy Kennedy
Bryan Smith
Heather Young

EMERGENCY CONTACT FORM

This form must be completed for each use of an emergency intervention

Student Name _____ Date _____

School _____ Grade _____ DOB _____

Staff in Attendance: _____

What did the student do? (Describe the behavior). _____

What did the staff do? (Consequences; for how long; etc.). _____

Were there any injuries? _____ Yes _____ No

If yes, describe _____

07/12 CF

