



THE DARLINGTON COUNTY INSTITUTE OF TECHNOLOGY

EMERGENCY CONTACT DATA SHEET (WE MUST HAVE THIS ON FILE FOR EVERY STUDENT)

_____ **First Name** _____ **Middle Name** _____ **Last Name**

Name called: _____ Home school (circle one) DHS MHS HHS LHS

Street Address: _____

City: _____ State: _____ ZIP _____

Guardian's Home Phone: _____ Alternate Phone: _____

Guardian's E-mail Address: _____

Guardian's E-mail Address: _____

SCHEDULE WHILE AT THE DARLINGTON COUNTY INSTITUTE OF TECHNOLOGY

Per	Name of Course	Teacher's Name

EMERGENCY CONTACTS

Name	Home Phone	Work Phone	Cell Phone

Physician's Name: _____ Phone #: _____

If you have ANY medical conditions, please list them below. (If no known medical conditions exist, write none or N/A in the space provided.)

