



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 we got no answer. It is imperative that we have a number where you can be reached in the event of 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. We need to have your child's emergency card updated as soon as possible.

Thank you for your immediate attention.

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ notice