



Emergency Information Form

Student Name _____
Student's Address: _____

Date: _____
Blood Type (If Known): _____
Birthdate: _____
Home Phone: _____

Allergies / Major Health Conditions / Current Medication: *required*; do not leave blank - write none if not applicable. *

Parent/Guardian #1: _____
Address (if diff.) _____
Home phone _____
Cell _____
Employer's name/address/phone: _____

Parent/Guardian #2: _____
Address (if diff.) _____
Home phone _____
Cell _____
Employer's name/address/phone: _____

Emergency Contacts:

If Neither Parent/Guardian Can Be Reached, List Two Other Contacts Who Are Authorized To Act On Your Behalf and pick up your child.

Contact #1 _____
Relationship _____
Home Phone _____
Work _____
Cell _____
May this person have access to your child's file in an emergency? _____

Contact #2 _____
Relationship _____
Home Phone _____
Work _____
Cell _____
May this person have access to your child's file in an emergency? _____

Family Physician/Pediatrician _____ Phone _____
Address _____
Dentist _____ Phone _____

Insurance Provider _____
Member or Group # _____ Phone _____

Signature _____ Date _____
(Parent Or Guardian)

Name (printed) _____