



EMERGENCY INFORMATION FORM

Student Name: _____

Birthdate: _____

Student Address: _____

Home Phone: _____

Blood Type (if known): _____

Allergies / Major Health Conditions / Current Medication: _____

Required do not leave blank - write "none" if not applicable.

Parent/Guardian #1: _____

Address (if diff from child's): _____

Home phone: _____

Cell: _____

Employer's name/address/phone: _____

Parent/Guardian #2: _____

Address (if diff from child's): _____

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: _____

Cell: _____

Can this person have access to your child's file in an emergency? _____

Contact #2: _____

Relationship: _____

Home Phone: _____

Cell: _____

Can this person have access to your child's file in an emergency? _____

Family Physician/Pediatrician

Name: _____

Phone: _____

Address: _____

Child's Dentist

Name: _____

Phone: _____

Address: _____

Insurance Provider: _____

Member or Group #: _____

Phone: _____

Signature _____

Parent Or Guardian

Name _____

Printed

Date _____