



FAMILY LAST NAME: _____

2021-2022 STUDENT EMERGENCY CONTACT & MEDICAL INFORMATION (1 PER FAMILY)

Father's Name _____ Mother's Name _____
 Father's Address _____ Mother's Address _____
 Occupation _____ Occupation _____
 Company Name _____ Company Name _____
 Work Phone (____) _____ Work Phone (____) _____
 Home Phone (____) _____ Home Phone (____) _____
 Cell Phone (____) _____ Cell Phone (____) _____
 Father's Email _____ Mother's Email _____
 If applicable, Name of Guardian _____ Phone (____) _____

EMERGENCY CONTACT INFORMATION (other than Parent/Guardian)

Name _____ Home Phone (____) _____
 Relationship to Child(ren) _____ Cell Phone (____) _____
 Name _____ Home Phone (____) _____
 Relationship to Child(ren) _____ Cell Phone (____) _____

MEDICAL DOCTOR:

DENTIST:

Name _____ Name _____
 Phone (____) _____ Phone (____) _____

STUDENT NAME (1): _____ **GRADE:** _____ **D.O.B.** _____ **Resides With?:** _____
 (mother/father/both?)

List any allergies: _____
 List any health/medical issues: _____
 List medication taken regularly: _____

STUDENT NAME (2): _____ **GRADE:** _____ **D.O.B.** _____ **Resides With?:** _____
 (mother/father/both?)

List any allergies: _____
 List any health/medical issues: _____
 List medication taken regularly: _____

STUDENT NAME (3): _____ **GRADE:** _____ **D.O.B.** _____ **Resides With?:** _____
 (mother/father/both?)

List any allergies: _____
 List any health/medical issues: _____
 List medication taken regularly: _____

(For more than 3 students, please include additional name, grade, date of birth, place of residence, allergies, health issues, & medications on back of this form.)

In the event of an emergency and none of the persons listed on this form are available, I authorize the school to take my child to a hospital, doctor's or dentist's office for emergency care.

Hospital Preference: _____

Parent/Guardian Signature _____ Date _____