



**EMERGENCY CONTACT INFORMATION**

**STUDENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN:** (PRINT CLEARLY)

<b>MOTHER:</b> ( ) _____	<b>FATHER:</b> ( ) _____
<b>HOME PHONE:</b> ( ) _____	<b>HOME PHONE:</b> ( ) _____
<b>BUSINESS:</b> ( ) _____	<b>BUSINESS:</b> ( ) _____
<b>CELL:</b> ( ) _____	<b>CELL:</b> ( ) _____

**EMERGENCY CONTACTS:\*** (MUST BE ABLE TO PICK UP OR RECEIVE **SICK** CHILD).

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

*\*Duplicate Numbers Not Acceptable*

**FAMILY PHYSICIAN:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** ( ) \_\_\_\_\_

**MEDICAL ALERTS:**

**NONE** \_\_\_\_\_ **CARDIAC** \_\_\_\_\_  
**DIABETES** \_\_\_\_\_ **ASTHMA** \_\_\_\_\_  
**SEIZURES** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**ALLERGIES:** **FOOD** \_\_\_\_\_  
**DRUG** \_\_\_\_\_  
**OTHER** \_\_\_\_\_

**MEDICATION:** (IF YOUR CHILD TAKES **MEDICATION** PLEASE COMPLETE THE INFORMATION BELOW)

<u>Name of Medication</u>	<u>Dosage</u>	<u>Where Taken</u>	<u>(PLACE AN X)</u>
		Home	School
		Home	School
		Home	School
		Home	School