Emergency Contact and Medical Information

Date:

Student's Name (First, Middle, Last)

Date of Birth / Social Security Number

M F

Sex

Student Cell #

Preferred Parent E-mail:

Parent's/Guardian's Name

Parent's/Guardian's Name

( ) Home Phone

( ) Cell Phone

( ) Home Phone

( ) Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact / Relationship

Secondary Emergency Contact / Relationship

( ) Home Phone

( ) Cell Phone

( ) Home Phone

( ) Cell Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Physician Name & Phone Number

Hospital/Clinic Affiliation

If your child is currently taking any medication please list below:

Allergies/ Food Allergies or Special Health Considerations?

In an event of an emergency, please take my child to the nearest hospital. I understand I will be notified immediately.

Parent's/Guardian's Signature

Date

If there is any other additional information we need to know please write below:

INFORMATION BELOW IS FOR ADMINISTRATIVE PURPOSES ONLY:

Start Date:

Home School/Home District: