

EMERGENCY INFORMATION

Student \_\_\_\_\_  
Last Name First M.I.

Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Clinic & Address \_\_\_\_\_

Health Concern(s) \_\_\_\_\_  
Please list any allergies or medications.

Allergies Asthma Diabetes Seizures  
Please circle all that apply.

Please list people below who are authorized to pick up your child if you can't be reached.

Print Name Address Phone Number Relationship to Child

Print Name Address Phone Number Relationship to Child

Print Name Address Phone Number Relationship to Child