

EMERGENCY INFORMATION FORM

PARENTAL CONTACT INFORMATION (Please Print)

In the event of an accident or illness that requires the school representative to seek emergency treatment for your son/daughter, we will make every attempt to contact the individuals listed below:

Student's Name: _____

Father/Guardian Name: _____

Home/Work Phone #: _____ Other Phone #: _____
Include Area Codes

Mother/Guardian Name: _____

Home/Work Phone #: _____ Other Phone #: _____
Include Area Codes

Other Contact: _____

Home/Work Phone #: _____ Other Phone #: _____
Include Area Codes

HEALTH CARE INFORMATION (Please Print)

My Insurance Company: _____ Policy #: _____

Name of family physician: _____

Phone number of physician (include area code): _____

ADDITIONAL INFORMATION (Please Print)

Describe any medical conditions of which the "Sponsoring Organizations" should be aware

List any medications being taken by individual

List any medications to which the individual is allergic

Religious restrictions to medical treatment

Dietary restrictions:
