



Student Name _____

Date of Birth _____

Emergency Information

Parent/Guardian Name(s) _____

Please list the following phone numbers in the order we should call in case of emergency:

Phone 1 _____ Phone 2 _____ Phone 3 _____

Cell Phone Provider (for emergency text notification system) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Physician Name _____

Office Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Phone _____

Relationship to Student: _____

Emergency Contact (out of town) _____ Phone _____

Relationship to Student: _____

Allergies Yes No If yes, please list: _____

Medical Conditions Yes No If yes, please list: _____

Medications Yes No If yes, please list: _____

If student requires medication during the school day, please request a Medication Administration Authorization form.

Please provide any additional, pertinent health information about your child:
