

EMERGENCY CONTACT FORM

Name of Student _____

Date of Birth _____ Section _____

Contact Information (two contacts other than the parent/guardian needed)

1. Name _____

Relationship to student _____

Home number _____

Cell Number _____

Work Number _____

2. Name _____

Relationship to student _____

Home number _____

Cell Number _____

Work Number _____

Medical Information Needed:

Permission to distribute generic Motrin _____ or Tylenol _____

Allergies _____

Asthma _____ Uses an inhaler? _____

Signature _____ Date _____