

STUDENT EMERGENCY INFORMATION

(PLEASE PRINT)

Student Name _____
Last First Middle

Date of Birth _____ Grade Level _____ Sex: M or F

Home Address _____

Home Phone: _____

LOCATIONS PARENTS CAN BE REACHED IF NOT AT HOME.

Father: _____
WORK PHONE # CELL PHONE #

Mother: _____
WORK PHONE # CELL PHONE #

NAME OF LOCAL PERSON OR RELATIVE TO CONTACT IF PARENT(S) CANNOT BE REACHED.

Name _____

Address _____ Phone _____

Cell Phone Number: _____

Does this student have any major or unusual health conditions? Yes ___ No ___

If yes, please specify: _____

Allergies _____

Other conditions: _____

Parent/Guardian Signature _____ Date _____