

EMERGENCY INFORMATION (PLEASE PRINT CLEARLY) GRADE _____

Student's Name _____ Allergies/Medical Conditions Y / N

Home Address _____ Zip Code _____

Cell Numbers (Student) _____ (Mother) _____ (Father) _____

Mother's Name _____ Home Tel # _____ Bus. Tel # _____

Mother's Address _____ Zip Code _____

Father's Name _____ Home Tel # _____ Bus. Tel # _____

Father's Address _____ Zip Code _____

Parents' Email (Mother) _____ (Father) _____

Please Indicate Which Parent Is To Be Called First _____

Please list a person who can be reached in the event of an emergency if either parent cannot be reached

Name _____ Relationship _____

Home Tel # _____ Cell # _____

Physician's Name _____ Tel # _____

PLEASE LIST ALL ALLERGIES AND/OR MEDICAL CONDITIONS THAT WOULD BE IMPORTANT TO KNOW.
