

EMERGENCY INFORMATION

STUDENT'S NAME: _____

Birth Date: _____ Grade: _____

Address: _____ Zip: _____

Home Phone: _____

Parent E-mail _____

Name of Parent/Guardian: _____

Contact 1 Last First

Work Phone Cell

Name of Parent/Guardian: _____

Contact 2 Last First

Work Phone Cell

Name and telephone number of someone who will be authorized to act on behalf of the student in the event that parents cannot be reached and there is an emergency.

1st Name _____ Phone _____ Cell _____

2nd Name _____ Phone _____ Cell _____

Physician to be contacted _____ Phone _____

Preferred Hospital _____