

EMERGENCY AND MEDICAL INFORMATION

STUDENT INFORMATION

Name _____ Grade _____ Birth Date ____/____/____

Street Address _____ Telephone (____) _____

City _____ State _____ Zip Code _____

PARENT CONTACTS

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

APPROVED FOR STUDENT PICK-UP/EMERGENCY CONTACTS

List two people to contact if above parents cannot be reached:

Name _____ Name _____

Relationship _____ Relationship _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Any Additional Contacts: _____

Please list any specific person(s) who are **NOT** to pick up your child:

MEDICAL INFORMATION

Allergies _____

Medications Being Taken _____

Physical Problems _____

Name of **Doctor** to be called _____ Phone # _____

Name of **Dentist** to be called _____ Phone # _____