



### Emergency Contact Information 2019-2020

Student Name : \_\_\_\_\_  

Last
First
Middle

Birthdate : \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Grade: \_\_\_\_  

MM
DD
YYYY

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  

Street
City/State
Zip Code

**Known Allergies: Identify by name and describe reaction in detail**

Medication(s): \_\_\_\_\_ Reaction: \_\_\_\_\_

Food(s): \_\_\_\_\_ Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

**Known Health Conditions:** \_\_\_\_\_

**Medications Student Takes, Prescription and Non-Prescription** (Name, Dose, Administration time):

Name	Dose	Administration time
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Name	Dose	Administration time
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Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian #1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parent/Guardian #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Guardianship: Parent #1: \_\_\_ Parent #2: \_\_\_ Both: \_\_\_ Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

In case of illness or emergency, whom may we contact if unable to reach parent/guardian?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Your signature on this form authorizes release of this information as a health alert to academic, activity, and athletic staff.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_