



## Emergency Contact Information 2020-2021

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

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

Name of Parent/Guardian #1: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
 Name of Parent/Guardian #2: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_  
 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** \_\_\_\_\_