



# Student Emergency Information

## Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

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

Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Please check any CURRENT health condition that may require attention during the school day or in an emergency:

- Allergies (be specific)
  - Foods \_\_\_\_\_ EpiPen \_\_Yes \_\_No
  - Medicines \_\_\_\_\_
  - Bee Stings EpiPen \_\_Yes \_\_No
  - Other \_\_\_\_\_
- Asthma
- Cancer
- Diabetes
- Seizures
- Heart problems (be specific) \_\_\_\_\_
- Physical disability (be specific) \_\_\_\_\_

List all medications and dosage: \_\_\_\_\_

Other health conditions (be specific) \_\_\_\_\_

\_\_\_\_\_