

High School Student Emergency Contact Form

Please complete this form in full. This information will be used in the event of an emergency. Please print clearly.

Student Information

Student Full Name:

Grade Level: Student ID Number:

Date of Birth (MM/DD/YYYY): Home Address:

Primary Emergency Contact (Parent or Guardian)

Full Name: Relationship to Student:

Primary Phone: Alternative Phone:

Email Address:

Secondary Emergency Contact

Full Name: Relationship to Student:

Primary Phone: Alternative Phone:

Email Address:

Medical Information & Authorization

Primary Care Physician Name: Physician Phone:

Preferred Hospital:

Known Allergies or Medical Conditions (if none, write N/A):

Current Medications Required During School Hours:

Authorization & Signature

I authorize the school administration to take necessary emergency medical measures on behalf of my student if I cannot be reached.

Parent/Guardian Printed Name:

Parent/Guardian Signature: Date (MM/DD/YYYY):