

# Basic Student Emergency Contact Information Form

Please print clearly. This information will be used in the event of an emergency.

## Student Information

Student Full Name:

Date of Birth (MM/DD/YYYY):

Grade / Class:

Home Address:

Home Phone Number:

## Primary Emergency Contact

Contact Full Name:

Relationship to Student:

Primary Phone Number:

Alternative Phone Number:

Email Address:

## Secondary Emergency Contact

Contact Full Name:

Relationship to Student:

Primary Phone Number:

Alternative Phone Number:

Email Address:

## Medical Information

Preferred Physician Name:

Physician Phone Number:

Known Allergies:

Medical Conditions / Medications:

Preferred Hospital:

## Authorization and Signature

In the event of an emergency, I authorize the school staff to seek necessary medical treatment for my child.

Parent/Guardian Printed Name:

Date: