

Special Needs Student Emergency Contact Form

This form provides critical information for school staff and emergency responders. Please print and complete all sections clearly.

1. Student Information

Full Name of Student:

Date of Birth (MM/DD/YYYY):

Grade / Classroom:

Primary Diagnosis / Special Needs:

Known Allergies (Food, Medication, Environmental):

Current Medications administered during school hours:

2. Primary Emergency Contact

Contact Name:

Relationship to Student:

Primary Phone Number:

Secondary Phone Number:

3. Secondary Emergency Contact

Contact Name:

Relationship to Student:

Primary Phone Number:

Secondary Phone Number:

4. Medical & Support Information

Primary Care Physician Name:

Physician Phone Number:

Preferred Hospital / Medical Center:

Mobility Aids / Equipment Used (e.g., wheelchair, walker, braces):

Communication Method (e.g., verbal, AAC device, sign language):

Sensory Triggers or Aversions (e.g., loud noises, bright lights, physical touch):

Effective Calming & De-escalation Strategies:

5. Authorization & Signature

In the event of an emergency, school authorities have my permission to contact medical responders and share the information on this form.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date Signed: