

Student Emergency Health and Contact Information Form

Please print and complete all sections of this form. This information will be used in the event of an emergency.

1. Student Information

Student Last Name:

Student First Name:

Middle Initial:

Date of Birth (MM/DD/YYYY):

Grade Level:

Homeroom Teacher:

Home Address:

City, State, Zip Code:

2. Parent/Guardian Contact Information

Primary Contact:

Full Name:

Relationship to Student:

Primary Phone Number:

Secondary Phone Number:

Email Address:

Secondary Contact:

Full Name:

Relationship to Student:

Primary Phone Number:

Secondary Phone Number:

Email Address:

3. Alternate Emergency Contacts (Authorized to pick up student)

Contact 1:

Full Name:

Relationship to Student:

Primary Phone Number:

Contact 2:

Full Name:

Relationship to Student:

Primary Phone Number:

4. Student Medical Information

Primary Care Physician Name:

Clinic/Hospital Name:

Physician Phone Number:

Preferred Hospital (in case of emergency transport):

Known Allergies (Food, Medication, Environmental):

Medical Conditions or Diagnoses:

Current Medications (taken at home or school):

Special Instructions or Accommodations Needed:

5. Authorization and Consent

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

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date (MM/DD/YYYY):