

HEALTH AND EMERGENCY INFORMATION

Student's LEGAL Name _____ Grade/Grad Yr ____/____ Gender _____ Birthdate _____

Homeroom Teacher _____ Homeroom # _____ Home Phone _____

Home Address _____ Apt./Lot/Box # _____

Place of Birth (*city, state, county, country*) _____

Primary Parent Information

Parent/Guardian Name _____ Parent/Guardian Relationship _____

Work Phone _____ Cell Phone _____ E-mail _____

Parent/Guardian Name _____ Parent/Guardian Relationship _____

Work Phone _____ Cell Phone _____ E-mail _____

Secondary Parent Information

Parent/Guardian Name _____ Parent/Guardian Relationship _____

Home Address _____ Apt./Lot/Box # _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Parent/Guardian Name _____ Parent/Guardian Relationship _____

Work Phone _____ Cell Phone _____ E-mail _____

Emergency Phone Number (*other than parent, local numbers please*)

Emergency Contact	Relationship	Primary Phone	Second Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN CASE OF EXTREME EMERGENCY WE GIVE PERMISSION TO CALL THE RESCUE SQUAD AND YOUR CHILD'S PHYSICIAN, PARENTS WILL ALSO BE CALLED.

Physician's Name (*local if possible*) _____ Phone _____

Hospital's Name (*local if possible*) _____ Phone _____

Health Conditions/Alert Info _____

Comments _____
