

## Emergency Information revised 2016

Please include the following information so that your son/daughter may receive proper care in the event of an injury/emergency.

Student Name	Birthdate
Parent/Guardian	Student ID#
Address	Home Phone Number
City	Cell Phone Number
Email Address	Work Phone Number
Family Physician & City	Physician's Number

Medical Conditions(s)	
Medications Taken & Why	
Allergies	

Emergency Contacts	
Name	
Number	Relationship to student

Emergency Contacts	
Name	
Number	Relationship to student

Emergency Contacts	
Name	
Number	Relationship to student