

Emergency Contact Form

Student Information

First Name: _____
Last Name: _____
Gender: Male Female
Address: _____
City: _____
State: _____
Zip: _____
Date of Birth: _____
Home Telephone: _____
School: _____
Grade: _____

Mother/Guardian Information

Full Name: _____
Telephone/Cell: _____
Email: _____

Father/Guardian Information

Full Name: _____
Telephone/Cell: _____
Email: _____

Person to contact in case of an emergency

Full Name: _____
Telephone/Cell: _____
Relationship to Student: _____

Please list any medical problems or conditions of this student that staff should be made aware of (including Dietary restrictions):

Is this student
currently taking any
medications? YES NO

Please explain: