



Emergency Information Sheet 2018-2019

Please fill out ENTIRE sheet
Please print all information

Student's Name _____ Grade _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

School District _____

Parent 1
Name _____ Email _____

Cell # _____ Work # _____

Parent 2
Name _____ Email _____

Cell # _____ Work # _____

List 2 alternative adults to contact if parents are unavailable. Must be able to pick up student from school.

1. Name _____ Relationship _____

Cell # _____ Work # _____

2. Name _____ Relationship _____

Cell # _____ Work # _____

Students Physicians Name _____ Phone # _____

Hospital of choice: _____

List all medications taken on a regular basis: _____

List all health conditions: _____

LIST ALL ALLERGIES AND THEIR REACTIONS _____

Parent Signature _____ DATE: _____