

# FORM

PARENT:

STUDENT:

## Emergency Form

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Student Name

Student Date of Birth

Student Gender

Home Address

### Family Information

#### Parent/Guardian 1 Information

Parent/Guardian 1 Name

Address

Home Phone

Cell Phone

Email Address

Employer

Employer's Address

Business Phone

#### Parent/Guardian 2 Information

Parent/Guardian 2 Name

Address

Home Phone

Cell Phone

Email Address

Employer

Employer's Address

Business Phone

In the event of emergency, if the parents/guardians listed above cannot be reached one of the following people should be notified:

Emergency Contacts

Emergency Contact Name

Relationship

Address

Phone Number

Emergency Contact Name	Relationship	Address	Phone Number

Medical Information

Physician's Name

Physician's Phone Number

Dentist's Name

Dentist's Phone Number

Medical Conditions

Allergies

Physician Prescribed Medications

Is your child being treated by a physician for an ongoing condition?

Other dietary or medical conditions

I/we affirm consent for emergency medical treatment to be performed in the event that I/we cannot be reached when our child requires immediate medical attention.

Parent/Guardian Signature  
Signed