Emergency Contact and Medical Information for a Student

Student's Name (Last, First, Middle)	Date of Birth — Sex: M F
Grade: 9 10 11 12	Cell Phone Number
Parent's/Guardian's Name (person(s) with whom you live)	Parent's/Guardian's Name (person(s) with whom you live)
( ) Home Phone — ( ) Work Phone	( ) Home Phone — ( ) Work Phone
( ) Cell Phone	( ) Cell Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
( ) Home Phone — ( ) Work Phone	( ) Home Phone — ( ) Work Phone
( ) Cell Phone	( ) Cell Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name — Phone Number

Contact Lenses? Yes No

Allergies/Special Health Considerations

Medication that you must take regularly

Medication to which you are allergic