

STUDENT HEALTH & EMERGENCY CONTACT FORM

School Year 2009-2010

Form due by first day of classes – please print.



Student's last name _____ First name _____ MI _____

Student's age _____ Date of birth ____/____/____ Gender: M F

Student's home address: _____
street city zip code

Student lives with: (circle) both parents mother father relative/guardian _____

Mother's emergency contact information		Father's emergency contact information	
Last name	first name	Last name	first name
Where can parent be reached if not at home?		Where can parent be reached if not at home?	
Address: street	city zip	Address: street	city zip
Cell phone		Cell phone	
Work phone <small>Name of business</small>		Work phone <small>Name of business</small>	
Other (describe)		Other (describe)	

Person(s) to call in an emergency if parents cannot be reached.

PRIMARY _____
Last name First name relationship to student/family Phone number

address street city zip secondary phone

Secondary _____
Last name First name relationship to student/family Phone number

Secondary _____
Last name First name relationship to student/family Phone number

***** EMERGENCY MEDICAL INFORMATION *****

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.

Remarks: _____

Medications: _____

Allergies: _____

Other conditions: _____

Primary physician: _____ Office phone: _____

Address: _____ Other phone: _____

 Signature of parent or guardian

 date