

EMERGENCY CONTACT FORM

Name _____
Date of Birth _____

Date _____
Section _____

Health Information

Allergies

Food _____
Medication _____
Other _____

Chronic Conditions

Asthma _____
Diabetes _____
Seizures _____
Other _____

Medications

Medication _____
Dosage _____

Medication _____
Dosage _____

Contact Information (two contacts **OTHER THAN** the parent/guardian needed)

1. Name _____
Relationship to student _____
Home Number _____ Cell Number _____

2. Name _____
Relationship to student _____
Home Number _____ Cell Number _____

Other Medical Information Needed:

Permission to distribute generic Motrin _____ and/or Tylenol _____

Signature _____ Date _____
(Parent/Guardian)