

Student EMERGENCY Contact Form

Student's **FIRST** Name: _____ Student's **LAST** Name: _____

Class: _____ Teacher: _____

Parent's E-mail: _____
(PRINT neatly)

Mother's Name: _____

(CELL #)

(WORK #)

(HOME #)

Father's Name: _____

(CELL #)

(WORK #)

(HOME #)

- **Emergency Contact Person:** - Relation to student: _____

(Name and Cell #) _____

- **Emergency Contact Person:** - Relation to student: _____

(Name and Cell #) _____

- **Emergency Contact Person:** - Relation to student: _____

(Name and Cell #) _____

- **Emergency Contact Person:** - Relation to student: _____

(Name and Cell #) _____

Student Medical Issues: (Please circle) Diabetes, Asthma, Epilepsy, Epi Pen Prescription, Allergies, Other, etc.

(Additional Info.) _____

Parent's Signature: _____ Date: _____

