



## Student Emergency and Medical Information 2018-2019

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_

**Parent / Guardian Emergency Numbers**  
Father's / Guardian's Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Mother's / Guardian's Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Emergency Contacts/Authorized to Pick up (Other Than Parents)**  
Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Medical Contacts**  
Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Medical Conditions or Allergies: \_\_\_\_\_  
\_\_\_\_\_  
May acetaminophen be given?    Yes    No                      May an antacid be given?    Yes    No  
May ibuprofen be given?        Yes    No