



## Student Emergency and Medical Information 2022-2023

**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