

Student Emergency Contact and Medical Form

Student Information

Student's name _____ D.O.B. ____/____/____

Address _____

State _____ Zip code _____

Home phone _____ Cell phone _____

Parents / Guardians

Name _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

Emergency contact

Name _____ Relationship _____

Home phone _____ Work phone _____ Cell phone _____

Medical conditions

Any Medical conditions: Asthma _____ Diabetes _____ Headaches _____

Car sick _____ Other _____

Medications prescription and nonprescription taken routinely. Yes / No

1. Medication _____ Dose _____

2. Medication _____ Dose _____

Tylenol _____ Ibuprofen _____ Aspirin _____ Other _____

Any recent illnesses/operations _____

Allergies? Food _____

Seasonal _____ Other _____

Insurance info

Physician name _____ Address _____

Phone _____

Name of insurance _____ Policy holder _____

ID# _____ Group _____

Insurance phone _____

Please enclose a copy of insurance card.

Student signature _____

Date _____

Parent/Guardian signature _____

Date _____

- If any other medical information or history has not been mentioned above please attach or add to the back of this page.
- All information provided by you will be kept in strictest confidence.