

STUDENT'S NAME: _____

DATE: _____

GRADE: _____

DATE OF BIRTH: _____

MISCELLANEOUS INFORMATION:

Known Allergies: _____

Known Medical Conditions and Medication (Including dosage): _____

Doctor's Name: _____

Phone: _____

Dentist's Name: _____

Phone: _____

Hospital Preferred: _____

EMERGENCY INFORMATION:

Father's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

E-Mail: _____

Mother's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

E-Mail: _____

Other Emergency Contact:

1) Name (Relationship to Child) _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2) Name (Relationship to Child) _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Signature of Parent/Guardian: _____