

The Harvey School EMERGENCY INFORMATION

StudentName _____ Grade _____ Sex _____ DOB _____ Academic Yr. _____
Student Cell Phone _____ Student Email _____

Family 1

Family 2

First/Last _____
Relation _____ Work _____
Cell _____ Pager _____
Email _____
Spouse _____
Relation _____ Work _____
Cell _____ Pager _____
Email _____

First/Last _____
Relation _____ Work _____
Cell _____ Pager _____
Email _____
Spouse _____
Relation _____ Work _____
Cell _____ Pager _____
Email _____

Address

Address

H Phone _____ FAX _____
Street _____
C/S/Z _____
County _____ Country _____

H Phone _____ FAX _____
Street _____
C/S/Z _____
County _____ Country _____

Emergency Contacts *in the event that neither parent can be reached:*

| | Name | Relationship | Phone 1 | Phone 2 |
|---|-------|--------------|---------|---------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |

Physician

Insurance

Name _____
Address _____
Phone _____

Company _____
Policy No. _____
Address _____
Phone _____

Medical issues

Please indicate if the student has any allergies or medical conditions of which emergency medical personnel should be aware prior to treatment:

Please list any prescription medication that the student may be taking:

Medication(s): _____

Purpose of medication: _____

Prescribing physician: _____

Physician's phone: _____