



# Robertson County Adult High School

## Adult Student Emergency Contact Information

Information provided is strictly voluntary and will only be used in the event of an emergency situation. We do encourage you to let us know at least one emergency contact.

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Medical Alerts, Allergies, etc.: \_\_\_\_\_

Medications: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_