

**Information for Medical Emergencies**

**Student Name** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Parent/Guardian name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home telephone number (s)** \_\_\_\_\_

**Work telephone number (s)** \_\_\_\_\_

**Person (s) to be contacted in emergency when parents cannot be reached:**

**Name** \_\_\_\_\_

**Telephone number (s)** \_\_\_\_\_

**Name** \_\_\_\_\_

**Telephone number (s)** \_\_\_\_\_

**In an emergency, which hospital would you prefer your child go to?** \_\_\_\_\_

**If your child has any special health needs, allergies, medical issues, diet restrictions, or required medications, please explain below:**

---

---

---

---

---

**In order to adequately care for your child, this information may be shared with appropriate personnel. Please indicate your approval by signing this form.**

---

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_