

**Emergency Contact Information**

STUDENT NAME \_\_\_\_\_

PARENTS/GUARDIAN NAME/PHONE#

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

OR

GUARDIAN \_\_\_\_\_

LIST 2 EMERGENCY CONTACTS

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

LIST ANY KNOWN ALLERGIES: \_\_\_\_\_

EPI-PEN Y OR N

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