



Carbon Lehigh Intermediate Unit #21
STUDENT EMERGENCY FORM

(Student's Last Name) (First) (Middle) (Date of Birth)

(Address) (Phone #)

(Parent / Guardian's Last Name) (First) (Middle) (Parent / Guardian's Last Name) (First) (Middle)

(Relationship to Student) (Phone #) (Relationship to Student) (Phone #)

(Address) (Address)

(Email) (Email)

Please list emergency contacts who have agreed to be contacted with regard to the welfare of your student and who may be authorized to pick your student up from school or receive your student from transportation **THIS MUST BE COMPLETED.**

1. _____
(Name) (Address) (Phone #)

2. _____
(Name) (Address) (Phone #)

HEALTH DATA

(Diagnosis – Medical / Mental Health)

(Diagnosis - Medical / Mental Health, continued)

(Allergies)

(Current Medications)

(Current Medications, continued)

(Student's Physician / Pediatrician) (Physician / Pediatrician's Address) (Phone #)

(Medical Insurance Policy Holder's Name) (Medical Insurance Carrier) (Medical Insurance or Medical Assistance #)

I hereby attest that the above information is accurate and complete.

(Parent / Guardian Printed Name) (Signature) (Date)