# 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:**_____