

# Emergency Information Form

In the event of a medical emergency - 911 will be called and this form will be provided to the responding emergency personnel. For all other types of emergency events we will attempt to contact the people listed on this form.

**Student Name:** \_\_\_\_\_  
Last First Middle  
Date of Birth \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Home Address: \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_  
Last First Middle  
Relationship: \_\_\_\_\_ (e.g. Parent / Guardian / Neighbor ...)  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Secondary Contact Name 1:** \_\_\_\_\_  
Last First Middle  
Relationship: \_\_\_\_\_ (e.g. Parent / Guardian / Neighbor ...)  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Secondary Contact Name 2:** \_\_\_\_\_  
Last First Middle  
Relationship: \_\_\_\_\_ (e.g. Parent / Guardian / Neighbor ...)  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Conditions or personal information you would want an emergency care provider to know – and/or special contact instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

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