

STUDENT EMERGENCY CONTACT CARD

Name: _____

Address (Number & Street): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Parent's Cell Phone: _____

Parent E-mail Address: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship to Student: _____

Home Number: _____ Cell Number: _____

2. Name: _____ Relationship to Student: _____

Home Number: _____ Cell Number: _____

Hospital Preference: _____

Primary Physician: _____ Phone: _____

Allergies and Other Medical Concerns (See back of card)

Parent's Signature: _____ Date: _____