

Emergency Contact Information

This information will be used only by medical personnel in the event of an emergency when you are unable to speak for yourself. It will be kept in a sealed envelope to ensure your confidentiality. Please complete this form and return it to Principal's Office in a sealed envelope with your name and date on the outside.

School Year: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Home E-Mail: _____

Medical Conditions: _____

Allergies: _____

Medications: _____

For additional space, please continue on reverse.

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____

Home Phone: _____ Alternate #: _____

Name: _____ Relationship: _____

Home Phone: _____ Alternate #: _____

Name: _____ Relationship: _____

Home Phone: _____ Alternate #: _____