

## 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.

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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 #: \_\_\_\_\_