EMERGENCY/MEDICAL INFORMATION
(Minors only)

Students Name **Birth Date**

Address **Home Phone**

Mother's Name **Cell/Bus Phone**

Father's Name **Cell/Bus Phone**

IN CASE OF ILLNESS, PLEASE LIST NAMES AND TELEPHONE NUMBERS TO BE CALLED IN EMERGENCY IF PARENT CANNOT BE REACHED

Name **Address** **Phone**

Name **Address** **Phone**

In the event of an emergency and I cannot be reached, I give my permission for my son/daughter to be given immediate medical care at a hospital or other medical/dental facility

Doctor's Name _____ Phone _____

Date _____ Parent/Guardian _____

TO BE COMPLETED BY PARENT:

Medical/Orthopedic/Emotional Conditions _____

Explain _____

Allergies_____

Medication taken daily _____

Other comments_____

Date of last physical_____

_____ _____

Signature of Parent/Guardian Date