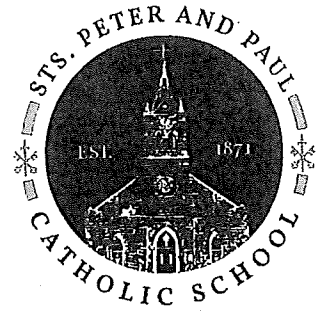


STUDENT HEALTH & EMERGENCY CONTACT FORM

• SCHOOL YEAR 2025-2026 •



Student's Last Name _____ Student's First Name _____ MI _____

Student's age _____ Date of birth ____/____/____ Gender: M F

Student's home address: _____
Street City Zip

Student lives with: (circle) Both Parents Mother Father Relative/Guardian _____

Mother's emergency contact information				Father's emergency contact information			
Last name		First name		Last name		First name	
<i>Where can parent be reached?</i>				<i>Where can parent be reached?</i>			
Address: Street		City Zip		Address: Street		City Zip	
Cell phone				Cell phone			
Work phone				Work phone			
Home phone				Home phone			
Email address				Email address			

Person(s) to call in an emergency if parents cannot be reached & allowable pick-up person(s).

PRIMARY			
Last name		First name	
Relationship to student/family		Phone number	
Address Street		City Zip	
Secondary phone			
Secondary			
Last name		First name	
Relationship to student/family		Phone number	
Secondary			
Last name		First name	
Relationship to student/family		Phone number	

***** EMERGENCY MEDICAL INFORMATION *****

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.

Remarks: _____

Medications: _____

Allergies: _____

Other conditions: _____

Primary physician: _____ Office phone: _____

Address: _____ Other phone: _____

Signature of parent or guardian _____

Date _____