

EMERGENCY CONTACTS & MEDICAL INFORMATION

Student's Name: _____ Student's Birthdate _____

Medical & Dental Information

Medical Insurance Provider <i>(Kaiser, Blue Cross, etc.,)</i>	
Medical Number	
Hospital Name & Location	
Doctor's Name	
Doctor's Phone Number	
Dental Insurance Provider	
Dental Clinic Name & Location	
Dentist's Name	
Dentist's Phone Number	

List any pertinent information, medications, medical conditions or allergies we should be aware of:

(this can also include non-emergency and non-medical issues such as learning differences etc.,)

Examples: ADHD -Needs Sensory Breaks every hour. Wears glasses -Needs to sit close to the board. Allergic to peanuts -Carries an EpiPen

Condition/Allergy/Medication	Additional Information

Parent/Guardian information

Name: _____	relationship: _____
Home Phone _____	Cell/Alternate Phone _____ Work Phone _____
Name: _____	relationship: _____
Home Phone _____	Cell/Alternate Phone _____ Work Phone _____

Emergency Contacts

Can this person take the student out of school ?
--

Name: _____	relationship: _____	Yes /No
Home Phone _____	Cell/Alternate Phone _____ Work Phone _____	
Name: _____	relationship: _____	Yes /No
Home Phone _____	Cell/Alternate Phone _____ Work Phone _____	
Name: _____	relationship: _____	Yes / No
Home Phone _____	Cell/Alternate Phone _____ Work Phone _____	

