

EMERGENCY INFORMATION RECORD	LAST NAME		FIRST NAME	
	PARENT/GUARDIAN NAME			
DATE OF BIRTH	HOME PHONE		GENDER: PLEASE CIRCLE MALE FEMALE TRANS	
HOME ADDRESS			STATE	ZIP CODE
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE	
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE CONTACT				
NAME _____		PHONE _____		
ADDRESS _____				
NAME _____		PHONE _____		
ADDRESS _____				
STUDENT'S PHYSICIAN-NAME			PHONE	
STUDENT'S DENTIST-NAME			PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE				
ALLERGIES AND OR MEDICAL CONDITIONS: PLEASE CIRCLE				
ALLERGIES (BE SPECIFIC) ASTHMA DIABETES EPILEPSY HEART DISEASE. OHTER				

