



Student Emergency and Medical Information 2022-2023

Student's Name: _____ **Date of Birth:** _____

Grade: _____

Parent / Guardian Emergency Numbers

Father's / Guardian's Name: _____

Primary Phone: _____ Other Phone: _____

Mother's / Guardian's Name: _____

Primary Phone: _____ Other Phone: _____

Emergency Contacts/Authorized to Pick up (Other Than Parents)

Contact Name: _____ Relation: _____

Primary Phone: _____ Other Phone: _____

Contact Name: _____ Relation: _____

Primary Phone: _____ Other Phone: _____

Contact Name: _____ Relation: _____

Primary Phone: _____ Other Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance Company: _____ Phone Number: _____

Policy Number: _____

Medical Conditions or Allergies: _____

May acetaminophen be given?	Yes	No	May an antacid be given?	Yes	No
May ibuprofen be given?	Yes	No			