

## Student Emergency Contact and Medical Form

### Student Information

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

### Medical Conditions

Any Medical condition: Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Headaches \_\_\_\_\_ Car sick \_\_\_\_\_  
 Other \_\_\_\_\_

### Medication prescription and nonprescription taken routinely. Yes/No

1. Medication \_\_\_\_\_ Dose \_\_\_\_\_  
 2. Medication \_\_\_\_\_ Dose \_\_\_\_\_

Tylenol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Aspirin \_\_\_\_\_ Other \_\_\_\_\_

Allergies? Food \_\_\_\_\_  
 Seasonal \_\_\_\_\_ Other \_\_\_\_\_

**Facilitator will have these forms in possession daily.**