

EMERGENCY INFORMATION

2016-2017

Please Fill in All Information (one sheet for each student)

Name of Child _____
Last Name First Name

Date of Birth _____ Grade (2016-2017) _____

Address _____
Street City Zip Code

Name of Legal Guardian _____

Relationship _____ Telephone Number _____

Person to contact in case of emergency _____

Relationship _____ Telephone Number _____

List any medical problems or allergies of the above named child

Name of Doctor _____ Telephone Number _____

Hospital Preference _____