



# Emergency Medical Form

## Due: September 30, 2017

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian (Residential) Student Lives with \_\_\_\_\_

Mother \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Who should we contact in case of an emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list all health concerns, including any known allergies, current and past medical conditions, and any medication currently being taken.

Allergies \_\_\_\_\_

Health Concerns/Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Other Information \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_