



Emergency Contact Form

Student Information

FIRST NAME		LAST NAME	EMAIL	
GRADE	BIRTH DATE	CELL PHONE	HOME PHONE	

Father's Information

FIRST NAME		LAST NAME	EMAIL		
CELL PHONE		HOME PHONE	WORK PHONE	EMPLOYER	
ADDRESS			CITY	STATE	ZIP

Mother's Information

FIRST NAME		LAST NAME	EMAIL		
CELL PHONE		HOME PHONE	WORK PHONE	EMPLOYER	
ADDRESS			CITY	STATE	ZIP

Student lives with:

Father
 Mother
 Both
 Other

Persons to call in case of illness or injury when parents cannot be reached.
List names of emergency contacts in the immediate area if possible.

FIRST NAME	LAST NAME	PHONE	RELATIONSHIP
FIRST NAME	LAST NAME	PHONE	RELATIONSHIP

LIST ANY PHYSICAL CONDITION THAT NEEDS SPECIAL CONSIDERATION, (I.E. ALLERGIES, BEE STINGS, DIABETES, ASTHMA, ETC.)

In case of serious accident, give the name of the physician to be called and the hospital your child may be taken for emergency treatment (closest hospital).

DOCTOR NAME/ADDRESS	PHONE	DENTIST NAME/ADDRESS	PHONE
HOSPITAL NAME	ADDRESS	CITY	PHONE
CHILD'S MEDICAL NUMBER	INSURANCE CARRIER	POLICY NUMBER	

Alma Heights has permission to administer Tylenol to my child as needed: Yes Call me first

PARENT SIGNATURE	DATE
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