

<b>EMERGENCY INFORMATION RECORDS</b>	Last Name	First Name	DOB
	Parent/Guardian Name		Home Phone
Home Address	City	State	Zip Code
Father's Work Number	Cell Number	Mother's Work Number	Cell Number
Father's e-mail		Mother's e-mail	
IN CASE OF AN EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT			
	(Name)	(Address)	(Phone)
1.			
2.			
Student's Physician			Phone
Student's Dentist			Phone

Allergies and other Medical Conditions: (Please explain checked items below or, if necessary, use other side of card)

- Allergies     
 Asthma     
 Diabetes     
 Other  
 Epilepsy     
 Heart Problems     
 Recurring Problems

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Signature of Parent/Guardian

Date

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