

## Emergency Information Card

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

Emergency Contact (other than a parent): \_\_\_\_\_ Phone number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications on Regularly: \_\_\_\_\_

Medical Conditions (i.e. Diabetes): \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Personal Physicians Name & Phone Number: \_\_\_\_\_

Insurance Company (if applicable): \_\_\_\_\_