

Emergency Contact information

Name:

Insurance Coverage:

My insurance card is located:

Person to call in case of emergency:

Relationship:

Phone:

Alternate phone?:

Alternate contact:

Relationship:

Phone:

Alternate phone?:

Medical conditions we would need to make a doctor or EMT aware of?

List of medications, please, that a doctor should know about:

Please be assured that this information will be used only in case of emergency and will not be shared unless absolutely necessary for your care. Forms are shredded at the end of the school session.