

## Emergency Contact Sheet

All information must be filled out

### Student Name \*

First Name Last Name

### Address \*

Street Address

### Student Date of Birth \*



Month Day Year

Street Address Line 2

City State / Province

Postal / Zip Code

### Student Age \*

### Student Gender \*

Female

Male

### Parent 1 Name \*

First Name Last Name

### Parent 2 Name

First Name Last Name

### Parent 1 Cell \*

Area Code Phone Number

### Parent 2 Cell

Area Code Phone Number

### Parent 1 Work

Area Code Phone Number

### Parent 2 Work

Area Code Phone Number

### Parent 1 Email \*

example@example.com

### Parent 2 Email

example@example.com

# Heading

## Contact 1 Other Than Parent

First Name      Last Name

## Contact 2 Other Than Parent

First Name      Last Name

## Contact 1 Phone Number

Area Code      Phone Number

## Contact 2 Phone Number

Area Code      Phone Number

## Contact 1 Relationship to Student

## Contact 2 Relationship to Student

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# Medial Information

## Family Doctor \*

## Phone Number \*

Area Code      Phone Number

## Medication Taken Regularly

## Any Allergies

## Does Your Child Have Asthma \*

YES

NO

## Inhaler Type

## List any Injuries/Conditions That Could Be Of Concern In An Emergency