



STUDENT EMERGENCY INFORMATION

Student Name: _____ Age: _____

Address: _____

Allergies: (including dietary restrictions)

Medication:

(Completed Medication Form Required)

Does the student have an EpiPen? Yes _____ No _____

Does the student have an Asthma Inhaler? Yes _____ No _____

Parents Name: _____

Emergency Contact: _____

Phone # _____

Alternate Emergency Contact: (in case parents / guardians not available)

Name: _____ Phone # _____

Comments:

