

<b>Student Emergency Information</b>	
Student Name	
Date of Birth	
Weight	
Height	
Eyes	
Blood Type	
Allergies	
Medication 1	
Medication 2	
Medication 3	
Past Medical Conditions	
Current Medical Conditions	
Health Insurance Company	
Health Insurance Group #	
Health Insurance ID #	
Health Insurance Address	
Health Insurance Phone Number	
Hospital of choice	
Clinic	
Doctor 1	
Doctor 2	
Student Name	
Emergency Contact Person	
Relationship to Student	
Phone 1	
Phone 2	
Address	
Backup Emergency Contact Person	
Relationship to Student	
Phone 1	
Phone 2	
Address	

*Please attach any documents authorizing you to share information about the student with adults other than a parent or guardian*

Teacher \_\_\_\_\_

Date \_\_\_\_\_