



Emergency Medical Information Form

Family Primary Care Physician		
Name	Phone	Preferred Hospital

Family Dentist		
Name	Phone	

Emergency Contact 1 – other than parent		
Name	Phone	Email
Relationship to Student(s)		

Emergency Contact 2 – other than parent		
Name	Phone	Email
Relationship to Student(s)		

Student 1

Student Name	
Known Allergies	
Medical Conditions	
Other Medical Concerns or Special Needs	

Student 2

Student Name	
Known Allergies	
Medical Conditions	
Other Medical Concerns or Special Needs	

Student 3

Student Name	
Known Allergies	
Medical Conditions	
Other Medical Concerns or Special Needs	

Student 4

Student Name	
Known Allergies	
Medical Conditions	
Other Medical Concerns or Special Needs	

Student 5

Student Name	
Known Allergies	
Medical Conditions	
Other Medical Concerns or Special Needs	