



## Emergency Medical Information Form

| <b>Family Primary Care Physician</b>           |       |                    |
|--|-------|--------------------|
| Name   | Phone | Preferred Hospital |
|  |       |                    |
| <b>Family Dentist</b>                          |       |                    |
| Name   | Phone |                    |
|  |       |                    |
| <b>Emergency Contact 1 – other than parent</b> |       |                    |
| Name   | Phone | Email              |
|  |       |                    |
| Relationship to Student(s)                     |       |                    |
| <b>Emergency Contact 2 – other than parent</b> |       |                    |
| 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 |  |