



2026 Emergency Information Form

Student Name: _____ DOB: ____/____/____

Primary Parent/Legal Guardian: _____ Phone Number(s): _____

Street Address: _____ (city) _____ (zip) _____

Alternate Parent/Legal Guardian: _____ Phone Number(s): _____

Street Address: _____ (city) _____ (zip) _____

Medical Information

Please list any medical conditions, allergies, or injuries we should be aware of. All students are responsible for their own medication needs. Coffee County School System employees are **prohibited** from distributing any medication to students.

Medical Conditions: List chronic conditions that might affect physical activity, such as:

- Asthma (specify if the use of an inhaler is needed)
 - Diabetes (specify if you use an insulin pump)
 - Heart conditions or high blood pressure
 - Seizure disorders
 - Etc.
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Allergies: List any life-threatening or severe allergies, such as:

- Medications: (ie. Penicillin, Sulfa)
 - Insects (ie. Bee stings - specify if you carry an EpiPen)
 - Food
 - Etc.
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Injuries: List recent or recurring injuries that may require monitoring or bracing, such as:

- Recent concussions (include the dates)
 - Previous surgeries
 - Broken bones
 - Etc.
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Parent/Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____