

EMERGENCY STUDENT INFORMATION CARD

For Official Use Only:

HS Soccer: _____

HS VB: _____

HS BB: _____

HS T&F: _____

MS Soccer: _____

MS BB: _____

MS VB: _____

Please Print

Student's Name: _____
Last Name First Name MI

Birth Date: _____ Male/Female Grade: _____

Physical Address: _____

Email: _____

Email: _____

Where can parents/guardians be reached if not at home?

Mother/Guardian: _____ Cell # _____

Father/Guardian: _____ Cell # _____

Mother Work/Home Telephone Number: _____

Father Work/Home Telephone Number: _____

Physician's Name: _____

Address: _____

Phone: _____

Insurance Name: _____

Policy Number: _____

Known Allergies/Medical Conditions: _____

List two emergency contacts who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Relationship: _____

Cell Number: _____ Work Number: _____

2. Name: _____ Relationship: _____

Cell Number: _____ Work Number: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian: _____ Date: _____