



**EMERGENCY CONTACT INFORMATION**

Student Name \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Home Phone Number ( ) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (Mailing, if different)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

Health Insurance Company \_\_\_\_\_

Health Insurance ID # \_\_\_\_\_

Name of person who holds insurance \_\_\_\_\_

Do you have any health problems which we should be aware of? Yes No

*(e.g. diabetes, epilepsy, allergies, drug allergies, under the care of a physician, psychiatrist or psychologist, physical or mental challenges, taking any medication on an on-going basis, etc.)*

\*\*If yes, please list/describe: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

**ALTERNATE EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

*By checking this box and typing my name below, I am electronically confirming that my insurance information provided is accurate, and that I have provided all necessary emergency contact information requested. I also understand that this information may be shared with outside agencies (EMT/Police/Hospital, etc.) in the event of an emergency.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian (if student is under 18)**

\_\_\_\_\_  
**Date**