

Emergency Medical Information Sheet

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Bus Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Bus Phone (____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (____) _____ Bus Phone (____) _____

Name _____ Home Phone (____) _____ Bus Phone (____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone (____) _____ Bus Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____