

Voluntary: Provide as much information as you desire. Information will only be shared with emergency care providers.

STUDENT INFORMATION

STUDENT NAME (AND LEGAL NAME IF DIFFERENT)	DATE OF BIRTH	
PARENT/GUARDIAN (FOR MINORS)	PARENT/GUARDIAN (FOR MINORS)	
STUDENT PHONE	STUDENT EMAIL	
ADDRESS	CITY, STATE	ZIP CODE

Below information for EMERGENCY USE ONLY. Provide any information you would like an emergency care provider to know.

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT	SECONDARY CONTACT
PHONE	PHONE
PHONE (WORK/OTHER)	PHONE (WORK/OTHER)
EMAIL	EMAIL
EMAIL (WORK/OTHER)	EMAIL (WORK/OTHER)

MEDICAL INFORMATION

HOSPITAL PREFERENCE	
PHYSICIAN'S NAME	PHYSICIAN'S PHONE
INSURANCE COMPANY	POLICY NUMBER
ALLERGIES / SPECIAL HEALTH CONCERNS	

ANYTHING ELSE YOU WOULD LIKE TO SHARE