



## EMERGENCY FORM

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

\_\_\_\_\_  
(Complete Address)

\_\_\_\_\_  
(Phone/Pager Number)

\_\_\_\_\_  
(Parent's/Legal Guardian's Name) (Medical Insurance Carrier & Policy Number)

\_\_\_\_\_  
(Other Emergency Contact Name and Phone/Pager Number)

List any medical concerns /restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Any Medications Being Taken: \_\_\_\_\_

Medical Doctor Name and Phone Number \_\_\_\_\_

Permission to take Tylenol/Non-Aspirin? Yes  No

Permission for Emergency Room Care? Yes  No

\_\_\_\_\_  
(Parent's/Legal Guardian's Signature) (Date)