

# 2023-2024 STUDENT EMERGENCY CONTACT/HEALTH FORM

**EMERGENCY CONTACTS:** (Must list at least one)

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

**AFTERSCHOOL CARE PROVIDER** \_\_\_\_\_

NAME

ADDRESS & PHONE

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**DOCTOR PREFERRED** \_\_\_\_\_

**IN EMERGENCY**

NAME

ADDRESS & PHONE

**DENTIST PREFERRED** \_\_\_\_\_

**IN EMERGENCY**

NAME

ADDRESS & PHONE

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**PLEASE LIST ANY MEDICAL CONDITIONS THAT THE SCHOOL SHOULD BE AWARE OF:**

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**ALLERGIES:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**DOES YOUR CHILD WEAR: GLASSES?** \_\_\_\_\_ **CONTACTS?** \_\_\_\_\_