



# Emergency Procedures 2017-2018

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

**LIST ANY KNOWN ALLERGIES:**

Food \_\_\_\_\_

Medications: \_\_\_\_\_

**LIST ANY HEALTH PROBLEMS:** \_\_\_\_\_

**EMERGENCY CONTACT:**

In case of an emergency, illness, or accident to the student named above, the school will attempt to contact persons in the following order. We are required to have **two** emergency contacts *in addition to parents*. **Addresses must be provided** for all emergency contacts.

	<i><b>Name</b></i>	<i><b>Phone number</b></i>	<i><b>Address</b></i>
1.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
2.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
3.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
4.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
5.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____
6.	_____	_____	_____
	Circle: Father/Mother/Family member/Friend	Circle: Home/Work/Cell	_____

