



# Emergency Procedures 2024-2025

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

