



# Emergency Procedures 2026-2027

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.	_____ 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	_____ _____

