Allergic To:	Date of Birth/	/ M/	ALE FEMALE
EMERGENCY CONTACT INFORMATION 20			
School		Teacher	
Last Name		First Name	
Address		Home Phone	
* Preferred Phone Number		Name	
Relationship to Student			
Name of Father/Guardian			W#
			C#
Name of Mother/Guardian			W#
			C#
In an emergency if the parent or guardian cannot be reached, please call:			
Phone: H#	C#	5-10-10-10-10-10-10-10-10-10-10-10-10-10-	W#
	C#		W#
Student's Primary Physician:			
	Address		Phone
CONTINUED ON REVERSE SIDE			
Student's Dentist:			
Name	Address		Phone
PARENT/GUARDIAN'S SIGNATURE			DATE
ALLERGIC TO:			
Special Instructions for:			
	2		