



School Safety Emergency Medical Information

1. Child's Name: _____ Session: _____

2. Date of Birth: _____

3. Parents/Guardians:

NAME	HOME NUMBER	WORK NUMBER	CELL NUMBER

4. Emergency Contact other than Parents:

NAME	HOME NUMBER	WORK NUMBER	CELL NUMBER

5. Insurance Information:

Name of Insurer	Policy/Group Number

6. Physicians Name: _____ Number: _____

7. Pharmacy Name: _____ Number: _____

8. Allergies:

MEDICATIONS	
Name	Type of Reaction
1.	
2.	
3.	
FOODS	
Name	Type of Reaction
1.	
2.	
3.	

