

**2024-25
EMF
EXTRACURRICULAR ACTIVITIES**

EMERGENCY INFORMATION

Student's Name:	DOB:	Grade Level:
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Emergency Contact Information

	Home #	Work #	Cell #
Primary Contact/Relationship:			
1 st Secondary Contact/Relationship:			
2 nd Secondary Contact/Relationship:			

Medical Provider Information

Student's Physician:	Telephone:
Student's Dentist:	Telephone:
Insurance Co.:	Name on insurance card: Insurance ID#:

Medical Background (for Athletic Participants)

Date of Last Tetanus:	Blood Type:
Allergies to Drugs:	Allergies to Foods:
Student's medications an emergency responder should be aware of	
Other information an emergency responder should be aware of:	

Any other pertinent information coaches or sponsors should know about related to emergency response for the student: _____

Date: _____

(Signature of Parent/Guardian)