



**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.		