EMERGENCY NOTIFICATION

For use in a medical emergency situation only. This information will be kept confidential and placed in your student file. Please update this form as needed. The information requested is voluntarily.

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| Name: |  |
| Date: |  |
| **Emergency Contacts:** |  |
| **Primary**Name, Relationship, Contact Number: |  |
| **Secondary** Name, Relationship, Contact Number: |  |
| Insurance & Medications: |
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| Allergies & Medical Conditions: |
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