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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