Emergency Contact Form for Students

Student Information:

- **Student Name:** _____
- **Grade Level:** _____
- **School Name:** _____
- **Date of Birth:** _____
- **Student ID:** _____

Primary Emergency Contact:

- **Full Name:** _____
- **Relationship to Student:** _____
- **Phone (Home):** _____
- **Phone (Cell):** _____
- **Email:** _____
- **Address:** _____

Secondary Emergency Contact:

- **Full Name:** _____
- **Relationship to Student:** _____
- **Phone (Home):** _____
- **Phone (Cell):** _____
- **Email:** _____

Medical Information:

- **Doctor's Name:** _____
- **Doctor's Phone Number:** _____
- **Known Allergies:** _____

- **Medications:** _____
- **Health Insurance:** _____