



### **Emergency Contact Form**

First and Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Class of: \_\_\_\_\_

#### ***Primary Emergency Contact***

Parent or Guardian Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

#### ***Secondary Emergency Contact***

Parent or Guardian Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

#### ***Other Information***

Allergies (Food, Insects, Etc.): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medical Insurance: ☐ HMO ☐ PPO ☐ Medi-Cal

Name of Insurance: \_\_\_\_\_